

Registration District No. 695

Primary Registration District No. 5922

Registrar's No.

1. PLACE OF DEATH
 (a) County Platte
 (b) City or town Parkville (Rural)
 (c) Name of hospital or institution at home.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Platt
 (c) City or town Rural - Platts
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME David Pearl
 3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race Black
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Pearl
 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased Jan. 28 1852
 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 2
 If less than one day _____ hr. _____ min.

9. Birthplace Platte City Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business
 12. Name Milt Paxton
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Delphia Shant
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Pearl
 (b) Address Parkville Mo.

17. (a) Rural (b) Date thereof July Mo.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Farley Mo.

18. (a) Signature of funeral director Delbert H Francis
 (b) Address Parkville Mo.

19. (a) Aug 13 41 (b) S. P. Ford
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
 year 1941 hour 7 minute 30 A. M.
 21. I hereby certify that I attended the deceased from June 27, 1941, to July 30, 1941;
 that I last saw him alive on July 29, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Arteriosclerosis Duration _____

Due to agg 99
 Due to _____

Other conditions nephritis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature S. P. Ford M.D. (M. D. or other) D
 Address Parkville Date signed 8-19-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.