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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38454

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(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 Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Gudgell
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME George Pearson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name unknown

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Church Office
(b) Address _____

17. (a) Burial (b) Date thereof Nov 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Missouri

19. (a) Nov 15 41 (b) J. D. Crook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 12 41 day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 11, 1941, to Nov 12, 1941;
that I last saw him alive on Nov 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Feature hemorrhage on 3 day
thrombosis extending
Medulla - producing
ing respiratory paralysis
Due to _____
Due to _____

Other conditions Quantitative dehydration
(include pregnancy within 3 months of death)
from deglutatory paralysis

Major findings:
Of operations _____

Of autopsy 430

Duration _____
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 3

23. Signature C. H. Haller (M. D. or other) M.D.
Address Independence Date signed 11-15-41

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

MOTHER FATHER

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

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

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, fact should be so stated above.