

No. 2  
4-13-40  
-17-39  
I X231

Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 4464

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucerne Hotel  
Northwest Corner-Linwood & Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Month  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
Apt. # 503  
(If outside city or town limits, write "RURAL")

(d) Street No. Lucerne Hotel-Linwood & Harrison  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 10 years.

3. (a) PRINT FULL NAME Mr. Martin Richard Pearson

3. (b) If veteran, name war No

3. (c) Social Security No. 305-05-7844

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

6. (b) Name of husband or wife Mrs. Mary Pearson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 25 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation Superintendent

11. Industry or business Republic Creosoting Co.

12. Name Richard Pearson

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mary Pearson

(b) Address Lucerne Hotel-Linwood & Harrison

17. (a) Burial (b) Date thereof Dec. 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 2-1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1941 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that he last seen alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic pulmonary atelectasis & emphysema  
Due to laceration of the lung  
fractured ribs (laterally)  
fracture of the pelvis  
fracture of it femur  
fracture of it femur

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Do not know

(b) Date of occurrence 11-30-41

(c) Where did injury occur? K.C. 123 Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Jumped for feet from 5th floor  
(Specify type of place) (e) Means of injury

23. Signature M. M. Crowe (M. D. or other) \_\_\_\_\_  
Address K.C. Mo Date signed \_\_\_\_\_

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

18  
3  
8

048  
3  
8

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*R. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address

*R. C. M.*

**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.**