FILED AUG 12 1942

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S. No. 2
—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 243

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
Mo. Pac. R.R. tracks, 3 200 yd. S. Water Works
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12 7

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") 3

(d) Street No. 803 North Second
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jesse Alonzo Pearce

3. (b) If veteran, name war

3. (c) Social Security No. 499-05-0594

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 5 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	9	29	hr. min.

9. Birthplace Johnson County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Common Labor

11. Industry or business

FATHER
12. Name Robert N. Pearce
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Ida Goff
15. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Ida Pearce
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek

18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 8-7-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1942 hour minute M.

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

Immediate cause of death By Being Hit By moving Train on the Missouri Pacific Track
~~Due to~~ (verdict of Coroners jury)

Due to Broken neck - right arm cut off Chest Crushed - artery in neck

Other conditions Torn in two.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

169-6
20

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 4 - 1942 128

(c) Where did injury occur? Poplar Bluff (City or town) Butler (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on M.O.P. R.R. Track (Specify type of place)

While at work? No (e) Means of injury See above

23. Signature Alfred W. Guer Coroner ~~(M. D. or other)~~ 3

Address Poplar Bluff Mo Date signed 8-7-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1012
Date Filed 8-10-42

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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.