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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 400 Primary Registration District No. 5553 Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Emergency Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs. (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Sevville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Wyatt Pearl
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 12 (Day) 1865 (Year)

8. AGE: Years 76 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Springfield Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER
12. Name John F. Pearl
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Huff
15. Birthplace Grovis Mills, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Ray Pearl
(b) Address 317 N. Main Indep Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Washington
18. (a) Signature of funeral director George C. Eaton
(b) Address Independence Mo.
19. (a) July 30, 1942 (Date received local registrar) (b) F. M. Schuck by Ella Schuck Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
Cerebral Encephalomalacia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above	

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 (M. D. or other)
Address K. C. Mo. Date signed 7/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence, 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, fact should be so stated above.