

FILED JAN - 6 1943
Registration District No. 233

Primary Registration District No. 3022

1. PLACE OF DEATH:

(a) County Warrison
 (b) City or town Bethany
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wood Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
 (Specify whether
 In this community all of life years, months or days)

3. (a) PRINT FULL NAME Geneva Ann Pearson
 3. (b) If veteran, — name war —
 3. (c) Social Security No. —

4. Sex Female 5. Color or race White
 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 Dec. 27 1929
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 11 13 hr. min.

9. Birthplace Madison Twp Warrison Mo
 (City, town or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business

12. Name Oscar Pearson
 13. Birthplace Page County Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Beth Wrasnick
 15. Birthplace Davis City Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oscar Pearson
 (b) Address Helmans City Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Joe E. Wheeler
 (b) Address Bethany Mo.
 19. (a) 12/22/42 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warrison
 (c) City or town Bethany
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
 year 1942 hour 4 minute 55 A M.

21. I hereby certify that I attended the deceased from 11-30, 1942 to 12-10, 1942
 that I last saw her alive on 12-10, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration _____
 Due to Carcinoma
 Due to 1226
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Small bowel King
Caught beneath adhesions of
Loop of jejunum part of ileum distended
Louisa Lehman & John Colgan
 Of operations _____
 Of autopsy _____

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 Preced L. Wood (M.D. or other) DC
 Address Bethany Mo Date signed 12-12

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.....

Joe E. Wheeler

Licensed Embalmer No. *3512*

P. O. Address *Bethany Mo 5*

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.