

Registration District No. 69

Primary Registration District No. 5270

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community entire life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME George Washington Pearce

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Connie Pearce

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 17, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	10	29	hr. min.
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9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Elijah Pearce

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

14. Maiden name unknown

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

16. (a) Informant Roy Pearce

(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Jan. 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill cem.

18. (a) Signature of funeral director T. E. Naples

(b) Address Clever, Mo.

19. (a) Jan. 16 (b) May F. Swann  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Clever, R#1  
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1943 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 3, 1942 to Jan 15, 1943  
that I last saw him alive on Jan 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis unkd.

Due to arterio-sclerotic-hypertensive heart disease unkd.

Due to arterio-sclerotic kidney unkd.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1318

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Charles A. Pearce (M. D. or other) MB

Address Billings, Missouri Date signed 1-16-43

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

RECEIVED

District Health Officer No. 6,

District File Number 243-137

Date Filed FEB 2 1943

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.**