

FILED FEB 9 1943

Registration District No. 99

Primary Registration District No. 4171

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

1. PLACE OF DEATH:

(a) County De Kalb

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME: DELPHAN ANN PEARSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 3rd year 1943 hour 11 minute P M.

4. Sex Female 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 July 22 1959
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1943 to Jan 3 1943 that I last saw him alive on Jan. 3rd 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death Influenza

Duration 3 days

Due to _____

Due to _____

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

Other conditions Hypertension
(Include pregnancy within 6 months of death)

PHYSICIAN 2 yrs

10. Usual occupation: housewife

11. Industry or business: _____

MOTHER

12. Name George Watters

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

14. Maiden name Ann Johnson

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Geo P. Pearson

(b) Address _____

17. (a) Buried (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director John P. Brown

(b) Address Clarkdale Mo

19. (a) 1-8-43 (b) _____
(Date received local registrar) (Registrar's signature)

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 D. L. Purkin (M. D. or other) _____

Address Clarkdale Mo Date signed 1-5-43

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 *John G. Brown*

Licensed Embalmer No. 3983

P. O. Address Chapin, Maine

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.