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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 336

MAY 10 1943 128.
Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson Pearce

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 married

6. (b) Name of husband or wife Susan Pearce

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 11, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>78</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

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

14. Maiden name Sarah Hodge

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

16. (a) Informant Mrs. Myrtie Maples

(b) Address Clever, Mo.

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Apr. 30, 1943
(Month) (Day) (Year)

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

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) 4-30-43 (Date received local registrar)

(b) Dr. W. E. Haulley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28th
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11-16, 1942 to 4-28, 1943
that I last saw him alive on 4-28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to Crushing of bladder stone

Due to Prostatectomy Dec. 1942

Other conditions Serumity + chronic fluids
(Include pregnancy within 3 months of death)

Major findings: He had prostatectomy PHYSICIAN
Of operation April, 1942
never did gain strength
to be shaved, died
suddenly, cardiac death
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 1218

(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 W. E. Haulley (M. D. or other) MD
Address Springfield, Mo. Date signed 4-26-43

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

5244

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..... *J.W. Maples*

Licensed Embalmer No. *2985-*

P. O. Address *Clemer 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.

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