

FILED JUN 10 1943

Registration District No. **186**

Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Joplin**

(c) Name of hospital or institution: **Freeman Hospital**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **9 days**  
(If not in hospital or institution, write street number or location)

In this community **42 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **414 N. Wall**  
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Arthur Franklin Dearing**

3. (b) If veteran, name war **\* \* \***

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **W**

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

6. (b) Name of husband or wife **Olive Dearing**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **September 28, 1881**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>61</b>	<b>7</b>	<b>21</b>	.....hr. ....min.

9. Birthplace **Carthage Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Assistant Postmaster**

11. Industry or business **U S Postoffice**

12. Name **Peter Dearing**

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

14. Maiden name **Mary Cordellia Wright**

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

16. (a) Informant **Mrs Olive Dearing**

(b) Address **414 N. Wall, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **5-21-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director: **Hurlbut Und. Co.**

(b) Address **Joplin, Mo.**

19. (a) **5-21-43** (b) **Plutinus Sudholter**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**  
year **1943** hour **6** minute **45** p.m.

21. I hereby certify that I attended the deceased from **June 14** 19**41** to **May 19** 19**43**  
and that death occurred on the date and hour stated above

Immediate cause of death **Melanotic Carcinoma of Pancreas**

Duration **2 mo**

Due to **Primary Carcinoma of suprarenal Gland**

Due to **effebrous**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **469**

Of autopsy

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).....

23. Signature **Plutinus Sudholter** (M. D. Registrar)

Date signed **5/22/43**

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

Dr. Carey

ai

43-5-473

FEB 9 1950

REGISTRATION

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

Signed: *Perry K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address. *Josephine 4440*

**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.