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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22659

Registration District No. 360 | Primary Registration District No. 3076 | Registrar's No. 47

1. PLACE OF DEATH:

(a) County: Vernon

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

(c) Name of hospital or institution: Home - 603 N. Elm St. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon

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

(d) Street No.: 603 N. Elm (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: JAMES FRANKLIN PEARSON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

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: Oct. (Month) 2nd (Day) 1869 (Year)

8. AGE: Years 73 Months 7 Days 9. If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired Locomotive Engineer

11. Industry or business: .....

FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) — (State or foreign country)

MOTHER

14. Maiden name: Unknown

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

16. (a) Informant: Leland Pearson

(b) Address: Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 13 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Burial Park

18. (a) Signature of funeral director: Allen V. Kemp

(b) Address: Nevada Missouri

19. (a) 5-15-43 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11 day May year 1943 hour One minute P. M.

21. I hereby certify that I attended the deceased from April 5 1943 to May 11 1943 that I last saw him alive on May 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	35 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations: .....
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? (Specify type of place)

While at work? ..... (e) Means of injury: .....

23. Signature: J. M. Cove (M. D. or other)

Address: Nevada, Mo. Date signed: 5/12/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-43-559
Date Filed 6-15-43

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 Mark A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.