

No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4584

FILED FEB 22 1944

Registration District No. 32 Primary Registration District No. 4472 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Rural  
(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 Missouri (b) County Saline

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

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

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

3. (a) PRINT FULL NAME RICHARD PEARSON

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1944 hour 15 minute A.

21. I hereby certify that I attended the deceased from 12-31, 1943, to 1-5, 1944  
that I last saw him alive on 1-4, 1944  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race R

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

6. (b) Name of husband or wife ANNAH PEARSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 022 1 1886  
(Month) (Day) (Year)

Immediate cause of death: Influenza Duration 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 330  
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Miami no 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: farming

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

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name RICHARD PEARSON

13. Birthplace Saline no 0  
(City, town, or county) (State or foreign country)

14. Maiden name: Marlah Bridge

15. Birthplace Saline no 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Carter

(b) Address Miami no

17. (a) MIAMI MO (b) Date thereof: 1-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIAMI MO

18. (a) Signature of funeral director Scott Wilson

(b) Address MIAMI MO

19. (a) Jan 10 - 1944 (b) Mrs. John G. Gu  
(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?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature O'D Sullivan (M. D. or other) \_\_\_\_\_  
Address Miami, Mo. Date signed 1/5/44

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-8-44

MAR 1 1944

MAR 4 1944

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 \_\_\_\_\_

Licensed Embalmer No. 1171

P. O. Address Marshall St

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.