No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11125

State File No.

Registration District No. 146 Primary Registration District No. 5546 Registrar's No. 19

1. PLACE OF DEATH
(a) County Howard
(b) City or town Franklin Twp. Rural
(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 years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Franklin Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLEN PEARSON.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife MOSES PEARSON
6. (c) Age of husband or wife if alive DEC years
7. Birth date of deceased NOT KNOWN (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace HOWARD COMO. (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME.
11. Industry or business
MOTHER FATHER
12. Name BLACKWELL NASH.
13. Birthplace VA. / (City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN.
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Daisy Pearson
(b) Address 1947 N. 40th St Kansas City, Kan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44. (Month) (Day) (Year)
(c) Place: burial or cremation Bethel
18. (a) Signature of funeral director J. S. Newton
(b) Address New Franklin Mo
19. (a) 3-14-1944 (Date received local registrar) (b) Ewart McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3 year 1944 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from Mar 2, 1944 to Mar 2, 1944 that I last saw h. alive on Mar 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	unknown
Due to:	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations none
Of autopsy none

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 G. L. Chamberlain (M. D. or other)
Address New Franklin Mo Date signed 3-13-44

1321

(Licensed Embalmer's Statement on Reverse Side)

REC
RECEIVED
Dist. Health Officer No. 8
Date Filed 4-11-41

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.