S. No. 2
M—2-43
5-17-39
I X35697

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

300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22146

FILED JUL 24 1944

Registration District No. 2 1 2 4 3 Primary Registration District No. 4365 Registrar's No. [redacted] 19

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEWTONIA
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEWTONIA 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES EDWIN PEARSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARGARET PEARSON

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

7. Birth date of deceased JULY (Month) 11 (Day) 1866 (Year)

8. AGE: Years 77 Months 10 Days 17 If less than one day hr. min.

9. Birthplace NEWTONIA (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation RETIRED

11. Industry or business MERCHANT

FATHER
12. Name JAMES RICHMOND PEARSON
13. Birthplace (City, town, or county) So. CAROLINA (State or foreign country) 1

MOTHER
14. Maiden name ELIZA KING
15. Birthplace (City, town, or county) TENNESSEE (State or foreign country) 1

16. (a) Informant Anna Pearson
(b) Address Newtonia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Newtonia Missouri

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Missouri

19. (a) 6-14-44 (Date received local registrar) (b) Lulu Norwood Mrs. Mona Beck (Registrar's signature)

1317

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28 year 1944 hour 3:08 minute a M.

21. I hereby certify that I attended the deceased from May 23-1944, 19, to May 28-1944, 19; that I last saw him alive on May 27-1944, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage, involving left side of brain	5 days
Due to	
Due to Some arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
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 R C Lawson (M. D. or other)
Address Neosho Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED July 13

District Health Officer No. .....

District File Number 744-142

Date Filed 7-13-44

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.