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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5281

Registration District No. 149 Primary Registration District No. 1802 Registrar's No. 889

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3035 Campbell 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 48

(d) Street No. 3035 - Campbell St 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 8

If yes, name country 0

3. (a) PRINT FULL NAME Joshua Stroyd Pearson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Phoebe Pearson

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

7. Birth date of deceased Nov (Month) 22 (Day) 1875 (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Topeka (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Isaac N Pearson
13. Birthplace Rulo - Neb. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Morse
15. Birthplace Blue Rapids Kans (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Phoebe Pearson

(b) Address 3035 - Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Memorial Park

18. (a) Signature of funeral director J. W. Laybourne

(b) Address 3024 Troost Ave.

19. (a) 2-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1945 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from Sept 30, 1942 to Feb 20, 1945 that I last saw him alive on Feb 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	28 months
Chronic Myocarditis	2 years
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	1 year

93 d

Major findings:
Of operations —

Of autopsy none made

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 C W Rose (M. D. ~~or other~~) MD

Address 1080 Elmwood Date signed 2/22/45

(Licensed Embalmer's Statement on Reverse Side)

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 Jack W. Laybourne

Licensed Embalmer No. 1715

P. O. Address 3024 Trost Av

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.