

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE REGISTER  
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9944

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
615 Club  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Richard Pearson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Pearson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation janitor

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

MOTHER FATHER { 12. Name not known

{ 13. Birthplace not known (City, town, or county) (State or foreign country)

{ 14. Maiden name not known

{ 15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Pearson

(b) Address 615 Club, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/26/45 (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 3-23-45 (Date received local registrar) (b) gestus sudharta (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 615 Club  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1945 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Mar - 20 1945 to Mar 20 1945  
that I last saw him alive on Mar 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 108 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature E. C. Coats (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 3-23-45

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

(Licensed Embalmer's Statement on Reverse Side)

1207

45-3-243

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

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.