. S. No. 2
Dm—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20055

Registration District No. 54 Primary Registration District No. 4079 Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Randles Mo
(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
In this community 11 yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Randles Mo
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ora V. Pearson

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

4. Sex fem
5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jas. D. Pearson
6. (c) Age of husband ~~or wife~~ if alive 72 years
7. Birth date of deceased ~~Feb~~ 1/17/85 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 19 If less than one day — hr. — min.

9. Birthplace Johnson Co Ark (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name Dan Clark
13. Birthplace — Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Pathen
15. Birthplace — Ark (City, town, or county) (State or foreign country)

16. (a) Informant Jas. D. Pearson
(b) Address Randles Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Roseville Ark.
18. (a) Signature of funeral director John Allerton
(b) Address Sykeston Mo.
19. (a) 4-7-45 (Date received local registrar) (b) A. H. Maese (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6 year 1945 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 3/28, 1945, to 4/6, 1945 that I last saw her alive on 3/28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 wk
Due to Vascular Hypertension	?
Due to ?	
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 0

23. Signature J A Cline (M. D. ~~or other~~)
Address Oran Mo Date signed 4/6/45

1138 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 745-775

Date Filed 7-5-45

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 Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. L 2941

P. O. Address Sekeston, 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.