

FILED AUG 13 1945

Registration District No. 23

Primary Registration District No. 1400

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
827 Norman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 31 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 827 Norman  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Elizabeth Pearson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H

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

7. Birth date of deceased March 1 1861  
(Month) (Day) (Year)

8. AGE:

Years 84 Months 4 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

Oregon Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Wm Barnett

13. Birthplace

\_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name

Elizabeth Thornton

15. Birthplace

Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant

Daniel F Pearson

(b) Address

St Joseph, Mo

17. (a) Burial

Burial  
(Burial, cremation, or removal)

(b) Date thereof

7-30-45  
(Month) (Day) (Year)

(c) Place: burial or cremation

#6 Cemetery

18. (c) Signature of funeral director

Floeman & Son Inc

(b) Address

St Joseph, Mo

19. (a) Date received local registrar

7-30-45

(b)

Helena M. Dickel  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from July 26  
1945 to July 26, 1945  
and that death occurred on the date and hour stated above.  
that I last saw her alive on July 26, 1945.

Immediate cause of death Cerebral Haemorrhage  
arteriosclerosis  
Due to arteriosclerosis

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy GHW  
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 \_\_\_\_\_  
23. Signature Colle Kennedy (M. D. or other)  
Address \_\_\_\_\_ Date signed July 27 45

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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

working under my personal supervision.

Signed

*Robert H. Yapple*

Registered Apprentice No.

Licensed Embalmer No. 3308

P. O. Address: *St. Joseph, 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.