

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

16332 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 705

FILED MAY 27 1946
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
In this community 24 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 723 Mt. Vernon
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Annette Pearson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elmer Pearson 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Aug. 15, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name F.M. Bowers
13. Birthplace UNK. Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elvina Hopkins
15. Birthplace UNK. Conn.
(City, town, or county) (State or foreign country)

16. (a) Informant D.B. Barclay
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 5-11-46 (b) H.W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 7 minute 30a. M.

21. I hereby certify that I attended the deceased from 5-8, 1946 to 5-11, 1946;
that I last saw her alive on 5-10, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 weeks

Due to Chronic nephritis Indefinite

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1315

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 _____

23. Signature Bruce Lemmon (M. D. or other) _____
Address 600 Med. Arts, Spfld, Mo. Date signed 5-11-46

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

39
2
6

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.....

Roy H. Mercer Jr.

Registered Apprentice No. 380

working under my personal supervision.

Signed

Peter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.