

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 In this community 50 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2221 Porter
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Bert Pearson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec. day 18
 year 1946 hour 1:30 minute P M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: September 23, 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 17 1946 to Dec. 18 1946
 that I last saw him alive on Dec. 18 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 2 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Thrombosis Duration 5 days

9. Birthplace Newton County, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Driller

Due to Cerebral & general arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas E. Pearson
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 97

16. (a) Informant Mr. Virgil Pearson
 (b) Address 2221 Porter, Joplin, Mo.
 17. (a) Burial (b) Date thereof 12-20-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cemetery Parker-Hunsaker
 18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 12-25-46 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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 D.
 23. Signature [Signature] (M. D. or other) M.D.
 Address Joplin Mo. Date signed 12/20/46

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

46-12-7097

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.