

S. No. 2
M-2-43
5-17-39
1 X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3651**

FILED JAN 24 1947

Registration District No. **523**

Primary Registration District No. **4480**

Registrar's No. **68**

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

1. PLACE OF DEATH:
 (a) County **Schuyler**
 (b) City or town **Greentop**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Greentop, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 In this community **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Schuyler-98**
 (c) City or town **Greentop**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Benjamin S. Pearce**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** **None**

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** **13** years
7. Birth date of deceased **June 1859**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **6** Days **26** If less than one day
 hr. _____ min.

9. Birthplace **Scotland Co. Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **James Pearce**

13. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Emily E. Caldwell**

15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ray Pearce**

(b) Address **Kirkville, Missouri**

17. (a) Burial (b) Date thereof **1/12/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greentop, Missouri**

18. (a) Signature of funeral director **D. W. Relyea**

(b) Address **Kirkville, Mo.**

19. (a) Jan. 13 1947 (b) **Miss. O. J. Drake**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **9**
 year **1947** hour **3:30** minute **P:** M.

21. I hereby certify that I attended the deceased from **Dec 20**
1945, to **Jan 9** **1947**
 that I last saw him alive on **Jan 9** **1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) **83A**

Major findings:
 Of operations _____
 Of autopsy _____

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 **W. H. Drake** (M.D. or other)
 Address **Greentop, Missouri** Date signed **1-10-47**

Duration **1 year**
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

333

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
JAN 23 1947
47-62

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 *J. E. Riley*
Licensed Embalmer No. 4181
P. O. Address *Kirksville 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.