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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17566**
 Registrar's No. **2085**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town 1st
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Gen Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution less than 24 hrs
 (Specify whether years, months or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town 1st
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1118 E 8th
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Pearson
 3. (b) If veteran, name war no.
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 9th
 year 1947 hour 9:10 minute _____ P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Geraldine Pearson
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Feb. 28th 1915
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 32 Months 2 Days 11
 If less than one day _____ hr. _____ min.

Immediate cause of death Skull Fracture
 Due to _____
 Due to _____

9. Birthplace Mo. O.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Box maker

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: 1958
 Of operations _____

MOTHER, FATHER
 11. Industry or business _____
 12. Name Elice Pearson
 13. Birthplace N.Y.
 (City, town, or county) (State or foreign country)
 14. Maiden name Syda Bradley
 15. Birthplace Mo. O.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Henry J. Juppeter

16. (a) Informant Burshua Brown
 (b) Address 1334 E 8th
 17. (a) Burshua (b) Date thereof 5/12/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hill Cem. R-6-R.
 18. (a) Signature of funeral director Carroll Pouch
 (b) Address 3024 7th St.
 19. (a) 5-11-47 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Do not know
 (b) Date of occurrence 5-9-47 12:3
 (c) Where did injury occur? no Public place
 (City) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place) (e) Means of injury Do not know
 23. Signature Jeanette Walter (M. D. or other) 3
 Address 1424 1st St. W. 4 Date signed 5-11-47

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..... *Kathryn E. Davidson*

Licensed Embalmer No. *3648*

P. O. Address. *Kansas City, 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.