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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26932**

FILED SEP 3 1947

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **312**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Martin St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Martin St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Andrew Wesley Pearson

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

3. (c) Social Security No. 498-05-0751

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Grace Lee Pearson

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 22 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>2</u>	<u>1</u>	hr. min.

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Tiffany Stand Co.

12. Name Willie Pears on

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

14. Maiden name Anna McClain

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

16. (a) Informant Mrs. Grace Pearson

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 8/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff Mo.

19. (a) 8/24/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 8 Aug 1947 to 21 Aug 47 that I last saw him alive on 8 Aug 47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Thrombosis

Due to Myocardial Infarction

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

Duration 1 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy 9/4/47

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) (Means of injury)

23. Signature [Signature] (M. D. or other) MD

Address Poplar Bluff, Mo. Date signed 23 Aug 47

RECEIVED

District Health Office No. 2

District File Number 87-1166

Date Filed 8-29-47

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 John M. Davis, Registered Apprentice No. 487 working under my personal supervision.

Signed Wallace N. Fitch
Licensed Embalmer No. 3859
P. O. Address Poplar Bluff, 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.