

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 DAYS
(Specify whether years, months or days)
 In this community 33 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 1906 MONTGALL
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY PEARSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 2. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased NOVEMBER 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>25</u>	hr. _____ min.

9. Birthplace MILDROW MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation BRICK MASON

11. Industry or business _____

MOTHER FATHER
 12. Name RAN PEARSON
 13. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNCWN
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN R. PEARSON (SON)
 (b) Address 1906 MONTGALL

17. (a) Burial (b) Date thereof 12-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Adkins Bros.
 (b) Address 2000 E. 12th R.C. Mo.

19. (a) 12-29-47 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 26, year 1947 hour 3: minute 40 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 21, 1947 to DECEMBER 26, 1947, that I last saw him IM alive on DECEMBER 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT Duration _____

Due to HYPERTENSIVE HEART DISEASE

Due to _____

Other conditions 932
(Include pregnancy within 3 months of death)

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 Yes (Specify type of place) _____ (e) Signs of injury _____

23. Signature [Signature] (M. D. or other) M.D.
 Address GENERAL HOSPITAL NO. 2 Date signed 12/26/47

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

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 A.T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.