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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

528

State File No.

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural Keytesville Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

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

(d) Street No. Keytesville Twp 1-Mile E. of Keytesville (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARILYN-JOYCE-PEARMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Baby 0

6. (b) Name of husband or wife Baby

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

7. Birth date of deceased April (Month) 26 (Day) 1946 (Year)

8. AGE: Years 1 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Keytesville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Baby

11. Industry or business

MOTHER FATHER

12. Name Lawrence Pearman

13. Birthplace Keytesville (City, town or county) Mo. 0 (State or foreign country)

14. Maiden name Opal Knepp

15. Birthplace Keytesville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Lawrence Pearman

(b) Address Keytesville Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 4-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Dalton Mo.

18. (a) Signature of funeral director Hyde & Lamuth

(b) Address Keytesville Mo.

19. (a) 1/4/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from January 1 1948 to January 2 1948 that I last saw h. alive on January 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Laryngo-tracheo bronchitis — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Carl C. Weger (M. D. ~~or other~~) M.D.

Address Keytesville, Mo Date signed 1/5/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-11-48

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~~ This Body Was not Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.