

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30502  
3632

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1663 Jarboe St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION General hosp. #1								
3. NAME OF DECEASED a. (First) Irene b. (Middle) Helen c. (Last) Pearson			4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 49					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married		8. DATE OF BIRTH Unknown 1900		9. AGE (In years, if under 1 year last birthday) 49		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZENSHIP (What country) U.S.		
13a. FATHER'S NAME John Moore		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tom Pearson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Investigation K.C. Mo. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Street Car Trauma. DUE TO (c) Street car pedestrian II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner E. O. 312				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify)		21b. PLACE OF INJURY (e.g., door about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo				
21d. TIME OF INJURY 8 16 49 (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit By Street Car 123				
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 9:55 A.M., from the causes and on the date stated above.								
23a. SIGNATURE A.E. Upsher (Degree or title)			23b. ADDRESS Mo 112800 main			23c. DATE SIGNED 8/18/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kan.			
DATE REC'D BY LOCAL REG. 8-23-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. C. Weibull, K.C. 8, Mo.				

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*Blaine E. Weichert*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.