

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12617
Do not use this space.

REC'D APR 18 1934

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 84
 (c) City Nevada (d) Street No. City Hospital St. _____
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 405 E. Ashland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Beulah Pearl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
25 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Postal Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minimith Missouri

FATHER 13. NAME Marion W. Pearl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Olivia Koepfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs. R. B. Bolin Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park 3-23-34

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hayes Funeral Home Nevada, Mo.

20. FILED 3-20 1934 Allen V. Tays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939, to March 19, 1939
 I last saw him alive on March 19, 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Influenzal pneumonia Date of onset 3/16/39

Other contributory causes of importance: Circulatory collapse 3/19/39

Name of operation none Date of _____
 What test confirmed diagnosis? Culture of lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 (Signed) D. W. Geary M. D.
Nevada, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16003

APR 18 1968

RECEIVED

District Health Officer No. 71

District File Number 7-39-645-

Date Filed 4-17-68

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 *Allen V. Karp*

Licensed Embalmer No. 1968

P. O. Address *Nevada Ave*

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, above space should be left blank.