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.

REC'D MAY 12 1939

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

14456
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township Cape Girardeau — Primary Registration District No. 3009 — Registered No. 133
(c) City Cape Girardeau — (d) Street No. St. Francis Hospital, Cape Girardeau, MO
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 655 Jane Sadler Pearman
(a) Residence, No. Oran, Missouri St. Oran, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chester Pearman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21, 1918
7. AGE: YEARS 20 — MONTHS 10 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) April 1, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blodgett, Mo

FATHER
13. NAME: Clyde Sadler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisbugr, Ill.

MOTHER
15. MAIDEN NAME: Lula Mitchell,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisburg, Ill.

17. INFORMANT (ADDRESS): Chester Pearman, Oran, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau, Mo DATE April 8, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nunnelee Funeral Home, Charleston, Mo
20. FILED 4-6, 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6th, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1939, to 4/6, 1939
I last saw her alive on 4/6, 1939. Death is said to have occurred on the date stated above, at 9:25pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

PERITONITIS Ac

121 b

Other contributory causes of importance:

APPENDICITIS Ac

Name of operation NONE Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Fuerth, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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, John F. Nunnelee Jr and E E Nunnelee Jr

Registered Apprentice No. ....., working under my personal supervision.

Signed John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.