

REC'D JUL 14 1939

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

21408

Do not use this space.

**1. PLACE OF DEATH**

- (a) County Andrew Registration District No. 9  
 (b) Township Benton Primary Registration District No. 4009 Registered No. \_\_\_\_\_  
 (c) City Rosendale (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

- 620 Arthur Washington Pearce  
 (a) Residence, No. Rosendale Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lefea Pearce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 4 - 1870</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>5</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation <u>25</u>
10. Date deceased last worked at this occupation (month and year) <u>6-12-1939</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fallmore Mo</u>	13. NAME <u>unknown Pearce</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Davis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fallmore Mo</u>		
17. INFORMANT <u>Mrs. A. M. Pearce</u> (ADDRESS) <u>Rosendale Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fallmore Mo</u> DATE <u>June - 17 - 1939</u>		
19. FUNERAL DIRECTOR <u>Fred Terlaune</u> (ADDRESS) <u>Savannah Mo</u>		
20. FILED <u>June 23 1939</u> <u>W. B. Wood</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1939

22. I HEREBY CERTIFY, That I attended deceased from June 17 1939 to June 18 1939. I last saw him alive on June 18 1939. Death is said to have occurred on the date stated above, at 6:45 m. The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolism  
myocarditis

Other contributory causes of importance:  
none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? \_\_\_\_\_

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) V. P. Wilson, M. D.  
 (Address) Rosendale Mo

(Licensed Embalmer's Statement on Reverse Side)

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 X12004

RECEIVED

District Health Officer No. 11

District File Number 739892

Date Filed JUL 13 1939

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No. 4

working under my personal supervision.

Signed J. Fred Terhune  
Licensed Embalmer No. 1279

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.)