

FEB 17 1941

Registration District No. 287

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH

(a) County Dunklin Co  
(b) City or town Hamondale Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Johannet Pearson

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex M

5. Color Ch

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearson

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 26 Months - Days - If less than one day hr. min.

9. Birthplace

Caruthville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

FATHER  
MOTHER

12. Name J. F. Pearson

13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Nannie Pearson

15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant J. F. Pearson

(b) Address Hamondale Mo.

17. (a) None (b) Date there 12-27-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Ark.

18. (a) Signature of funeral director Quincy, Ark.

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Hamondale Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 260 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? None years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 26, 1940.  
year 1940 hour 3 PM minute - M.

21. I hereby certify that I attended the deceased from 11-23 1940 to 12-27 1940  
that I last saw him alive on 12-22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous tuberculosis

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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Pearson (M. D. or other)  
Address Quincy, Ark. Date signed 1/1/41

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

500

7/4

572

2-41-33

MAY 27 1944

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 me  
for Burial Dec 26 - 1940, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Wilbur F. Cobb  
Licensed Embalmer No. 409  
P. O. Address Plymouth Ark

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.