

No. 2
-4-13-40
5-17-39
PI X23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3527**

Registration District No. **597**

Primary Registration District No. **579-E**

Registrar's No. _____

71
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural - Osage

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME HERMAN O. PEARL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race white

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

6. (b) Name of husband or wife Isabell M. Kirby

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 23 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Urah Pearl

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Margarette Henry

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herman Pearl

(b) Address Barnett, Missouri

17. (a) Burial (b) Date thereof Feb 10 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cooper Cemetery

18. (a) Signature of funeral director W. J. Kidwell

(b) Address Versailles, Missouri

19. (a) _____ (b) H. C. Callison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
0
0

(c) City or town Osage
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8
year 1941 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 1
1941 to Feb 8 1941
that I last saw him alive on Feb 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic myocardiasis 8mo

Due to Exophthalmic Goitre 6mo

Due to _____

Other conditions (Include pregnancy within 3 months of death) 67A

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? _____

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

23. Signature J. L. Washburn (M. D. or other) MD
Address Versailles Mo Date signed 2/10/41

RECEIVED

District Health Officer No. 7

District File Number 2-41-325

Date Filed 2-11-41

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.....

Gene Pastern
.....

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.