

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9849

APR 15 1941

State File No. 1258

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 days (2 1/2 mo)
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Pearson, Dorothy Gladine

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex F. 1. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 4 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Blay Cr. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Fred Pearson

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

14. Maiden name Margaret King

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

16. (a) Informant Fred Pearson

(b) Address Liberty Mo.

17. (a) _____ (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Healey Mo.

18. (a) Signature of funeral director Harold Barber
(b) Address Liberty Mo.

19. (a) 3/30/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Liberty Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 10:00 minute _____ AM.

21. I hereby certify that I attended the deceased from Mar 30
1941, to Mar 30, 1941
that I last saw her alive on Mar 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Bi-lobed pneumonia

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

Duration
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) (a) Means of injury None

23. Signature W. B. Boderberg (M. D. or other) _____
Address 316 Prof Bldg Date signed Mar 30

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.....

Not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed

John Heard

Licensed Embalmer No. *2509*

P. O. Address *Liberty 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.