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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 563

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5669

State File No. 18390

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Wheeling Rural Parson Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 ..... (Specify whether
In this community All life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME James Henry Pearman

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Josie Pearman

6. (c) Age of ~~husband~~ or wife if alive 60 years

7. Birth date of deceased Aug (Month) 26 (Day) 1869 (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Linn Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Jonathan Pearman
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elvira Patterson
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ethel Tracy
(b) Address Meadville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 42 (Year)
(c) Place: burial or cremation Botts cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling MO

19. (a) May 11, 1942 (Date received local registrar) (b) Mrs. Vivia Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 42 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from June 16, 1939, 19..., to April 25, 1942
that I last saw him alive on April 25, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 b

Major findings:
Of operations Gastrectomy
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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature D. M. Dowell (M. D. ~~or other~~)
Address Chillicothe MO Date signed 5-8-42

454 (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, or by Frank L. Smiley, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling Mo

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

If this body is not embalmed, fact should be so stated above.