

FILED MAR 4 1943
Registration District No. 41576

Primary Registration District No. 2001

Registrar's No. 77

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: Freeman Hospital
 (d) Length of stay: In hospital or institution. five days
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri
 (b) County Jasper
 (c) City or town Joplin
 (d) Street No. 2221 Porter Avenue
 (e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME LULA CHARLOTTE PEARSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife John B. Pearson 6. (c) Age of husband or wife if alive years 67

7. Birth date of deceased January 5, 1878

8. AGE:	Years	Months	Days	If less than one day
	65		30	hr. min.

9. Birthplace Illinois

10. Usual occupation Housewife

11. Industry or business

12. Name Chris Weise

13. Birthplace Germany

14. Maiden name Charlotte Fredrick

15. Birthplace Germany

16. (a) Informant Mr. John B. Pearson
(b) Address 2221 Porter

17. (a) Burial (b) Date thereof 2/6/43
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Street

19. (a) 2-6-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION February 4

20. DATE OF DEATH: Month February day 4 year 1943 hour 8-25 minute A.M.

21. I hereby certify that I attended the deceased from 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: General carcinoma involving both breasts + Due to abdominal aortic aneurysm

Due to Carcinoma of right breast
Other conditions: 50
(Include pregnancy within 3 months of death)

Major findings: Right breast removed 1940 - Achias carcinoma
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other)
Address Joplin Mo Date signed 2/6/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

49
2
5

49
3
5

1204

48-2-130

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.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Joplin 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.