

REG JUL 13 1943  
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson  
(c) Name of hospital or institution 1228 Harrison  
(d) Length of stay: 12 yrs  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town JACKSON  
(d) Street No. 1228 Harrison  
(e) Citizen of foreign country? NO  
If yes, name country

3. (a) PRINT FULL NAME

Cleveland H Pearson

3. (b) If veteran, name war NO

3. (c) Social Security No. unknown

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased May 11, 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 16  
If less than one day hr. min.

9. Birthplace Oakwood Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Sauce Player

11. Industry or business NO ANGLER

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Pearson

(b) Address 25835 Repton

17. (a) Burial (b) Date thereof 6-29-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mexico MO

18. (a) Signature of funeral director Earl Precht

(b) Address Mexico MO  
19. (a) 6-28-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-27-43  
year hour minute M.

21. I hereby certify that I attended the deceased from  
that I last saw h. Deputy Coroner  
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Coronary Occlusion

Due to Coronary Sclerosis

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

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) (c) Means of injury

23. Signature W. A. Wether M.D.  
Address 23rd May Date 6/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K. C. 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.**