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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 11 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 428

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: 1001 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 Central (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Jean Pearish

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 Single

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

7. Birth date of deceased May 24 - 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>2</u>	<u>5</u>	br. _____ min.

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

10. Usual occupation _____

11. Industry or business Child

12. Name Forest Eugene Pearish

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

14. Maiden name Betty Hall

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

16. (a) Informant Mrs. Betty Pearish

(b) Address 1001 Central Ave Jasper Mo

17. (a) Burial (b) Date thereof 7/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anterville Cem

18. (a) Signature of funeral director Thom Hill-Dillon Mortuary
(b) Address Jasper Mo

19. (a) 7-30-45 (b) Arthur D. Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 24 to July 29 1943
that I last saw her alive on July 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Illio - Colitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 119a

Major findings:
Of operations _____
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. B. Berkall (M. D. or other) MD
Address 2114 Jasper Date signed 7/29/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
2
5

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 *Leila Monibee*

Licensed Embalmer No. 3590

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.