DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2529

FILED FEB 8 1943

Registration District No. 8 Primary Registration District No. 3014 Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Liberty (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 years, months or days) In this community: All life 71 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 24 3

(c) City or town: Liberty 1 (If outside city or town limits, write "RURAL")

(d) Street No. 215 Schrader (If rural, give location)

(e) Citizen of foreign country? / (Yes or No) If yes, name country: /

3. (a) PRINT FULL NAME: MAGGIE BRIGHT PEARLEY

3. (b) If veteran, name war: none

3. (c) Social Security No. none

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Henry B Pearley

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: January (Month) 16 (Day) 1872 (Year)

8. AGE: Years 71 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation: Home work

11. Industry or business:

MOTHER FATHER

12. Name: Henry Bright

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

14. Maiden name: Dinah Estes

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

16. (a) Informant: Marion Pearley

(b) Address: 215 Schrader Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: January 5-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Liberty Mo

18. (a) Signature of funeral director: Church-Archer Co

(b) Address: Liberty Mo

19. (a) Jan 4-1944 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~Jan~~ Dec 30, 1943 to Jan 1, 1944 that I last saw her alive on Jan 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart failure following Influenza — Duration: 2 wks

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: PSD

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: Wm H Goodson (M. D. or other) MD

Address: Liberty Date signed 1/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-7-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.