

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5280**
Registrar's No. **784**

FILED MAR 3 1945
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5108 East 27th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **30 Years**
years, months or days

3. (a) PRINT FULL NAME **Audis O. Pearson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **499 07 9276**

4. Sex **Male** 5. Color or race **wh**

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

6. (b) Name of husband or wife **Rose M. Pearson**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Sept 2nd 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 5 12 hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas J. Pearson**

{ 13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rose M. Pearson**

(b) Address **5108 E. 27th St**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb 17th 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **Kansas City Missouri**

19. (a) **2-16-45** (Date received local registrar)

(b) **D. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **5108 East 27th St**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **14th**
year **1945** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Coroner**, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **arterio-sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **94W**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations **History & Inspection**

Of autopsy **not**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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)

(e) Means of injury _____

23. Signature **Janice Walker** (M. D. or other) **Coroner**

Address **1424 Poplar St** Date signed **2-15-45**

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 *Chas E. Wilks*.....

Licensed Embalmer No. *2644*.....

P. O. Address *Kansas City 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.