No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10213

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2928

Registration District No. 242 Primary Registration District No. 4231 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James N. Pearson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luella Pearson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 17th, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiania (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Thos. J. Pearson
13. Birthplace (City, town, or county) Indiania (State or foreign country)
MOTHER 14. Maiden name Sarah E. Combs
15. Birthplace (City, town, or county) Indiania (State or foreign country)
16. (a) Informant Mrs James Pearson
(b) Address Mountain View, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mtn View, Cem
18. (a) Signature of funeral director John L. Brown
(b) Address Mountain View, Mo
19. (a) 1-4-1946 (Date received local registrar) (b) Lawrence Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th year 1945 hour 12 minute 45 p M.
21. I hereby certify that I attended the deceased from Dec 29th, 1945 to 19..
that I last saw him alive on Dec 29th, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis 7 old age — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. L. Brown (M. D. or other)
Address Mtn. View, Mo Date signed 1-1-46

124 (Licensed Embalmer's Statement on Reverse Side)

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 John F. Lerman

Licensed Embalmer No. 2516

P. O. Address Mt View Me.

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.