S. No. 2
M—2-43
5-17-39
I X35697

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

3816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1946

State File No. 4795

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 70

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: 212 St. Louis Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town 212 St. Louis Ave 1
(If outside city or town limits, write "RURAL")

(d) Street No. FULTON, MO. 2
(If rural, give location) 0

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RAY HUBER PEARCE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife MARY FRENCH KIDWELL

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. (Month) 6 (Day) 1891 (Year)

8. AGE: Years 54 Months 11 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Pike Co. (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation DRY CLEANER

11. Industry or business

FATHER
12. Name W. E. PEARCE
13. Birthplace DK. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name HELEN HUBER
15. Birthplace PLEASANT HILL (City, town, or county) ILL 1 (State or foreign country)

16. (a) Informant MRS R. H. PEARCE
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation RIVERVIEW TEBBETTS MO

18. (a) Signature of funeral director Glen G. Maupin
(b) Address 712 Court St. Fulton, MO.

19. (a) Feb. 4-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1946 hour 3/30 minute a M.

21. I hereby certify that I attended the deceased from Dec 26, 1945 to Feb. 2, 1946 that I last saw him alive on Jan 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	203 yrs
Due to	
Due to	
Other conditions: Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

9 40

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 H. I. OWEN (M. D. or other) 0

Address Fulton, Mo Date signed 2.3.46.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number.....
Date Filed 2-25-46

APR 3 1958

MAR 4 1946

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 Glen J. Mawson

Licensed Embalmer No. F 775

P. O. Address Fulton 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.