

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **389**
Registrar's No. **38**

FILED FEB 10 1947

Registration District No. **43**

Primary Registration District No. **5140**

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 6 Epps Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1946 to 21 Jan 1947
that I last saw her alive on 20 Jan 1947
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerotic heart disease Duration _____

3. (a) PRINT FULL NAME Mary Josephine Pearson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Andrew Wesley Pearson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 17 1886
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Olney Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Schrouder

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

14. Maiden name Mary
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charley Pearson

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 1/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 1-23-47 (b) W. M. M. M. M.
(Date received local registry) (Registrar's signature)

Due to _____

Due to _____

Other conditions Chronic gastritis
(Include pregnancy within 3 months of death)

Major findings: Cybil A. Post M.D. PHYSICIAN
Of operations _____

Of autopsy 930
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)

(c) Means of injury 0

23. Signature Cybil A. Post M.D. M.D.
Address Poplar Bluff, Mo. Date signed 22 Jan 47

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RECEIVED

District Health Office No. 2,

District File Number 147-138

Date Filed 1-30-47

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.....

John M. Davies....., Registered Apprentice No. 487

working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.