V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27875

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3382

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: General Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hour (Specify whether years, months or days)
In this community: 12 years'

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2935 Baltimore Avenue 8
(If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Victor Lee PEARSON, Jr.
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: male O
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 18, (Day) 1935 (Year)

8. AGE: Years 12 | Months 2 | Days 19 | If less than one day: hr. min.

9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation: School Boy
11. Industry or business:
MOTHER FATHER
12. Name: Victor Lee Pearson, Sr.
13. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country) O
14. Maiden name: Thelma Finch
15. Birthplace: Jefferson City, (City, town, or county) Missouri (State or foreign country) O
16. (a) Informant: Mrs. Victor L. Pearson
(b) Address: 2935 Baltimore, K. C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1947 hour 5:30 minute p M.
21. I hereby certify that I attended the deceased from Current, 19..., to 19...; that I last saw h... alive on 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Crush injury of left pelvis
Due to: and abdomen
Due to: Auto & Bicycle
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 100 25
Of autopsy: no
History & Inspection

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 8-7-47 1212
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury: Truck Turn
23. Signature: James Walker (M. D. or other) Dr
Address: 1424 Pryor Blvd Date signed: 8-8-47

Jefferson City Printing Co. (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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.