

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1264

Registration District No.

Primary Registration District No.

Registrar's No.

258

149

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 55 Years
years, months or days)

3. (a) PRINT FULL NAME Pearson, Edith Henrietta

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased April 9, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 8 hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Harry Palmer
13. Birthplace London, England
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Thurston
15. Birthplace Pulaski Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer L. Palmer

(b) Address 3312 Summit

17. (a) Burial (b) Date thereof 1-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 1-19-48 (b) M. D. Holmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3312 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 8, 1948, to January 17, 1948
that I last saw her alive on January 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcic meningitis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 8/2
Of operations

Of autopsy See above

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 W. W. Hart (M. D. or other) Med
Med. Dir. General Hospital #1 Date signed 1-17-48
Address.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.