

No. 300
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5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33778

FILED NOV 4 1948
Registration District No. 2484

Primary Registration District No. 3056

Registrar's No. 266

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
808 Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community Seven years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 808 Monroe
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME RAYMOND EDGAR PEARSON

3. (b) If veteran, name war none

3. (c) Social Security No. 489-26-9868

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 28th Year 1948 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 1948, to Oct 27, 1948
that I last saw him alive on Oct 27, 1948
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife: Flossie Pearson

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: January-7-1903
(Month) (Day) (Year)

Immediate cause of death: Myophroscolotic

Due to Cardio pulmonary disease all of his life up to 1948

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Duration till Oct 27, 1948

8. AGE: Years 45 Months 9 Days 21
If less than one day hr. _____ min. _____

9. Birthplace: Roanoke Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Dispatcher Taxi

11. Industry or business: Oliver Cab Co.

12. Name of father: Joseph Walter Pearson

13. Birthplace: Fayette Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Marie Dara Smith

15. Birthplace: Irvington Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Flossie Pearson

(b) Address: 808 Monroe Moberly Mo.

17. (a) Burial (b) Date there: Oct 30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Roanoke Missouri

18. (a) Signature of funeral director: How Funeral Home

(b) Address: Moberly Missouri

19. (a) Oct 30-48 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy: JE

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)

(c) Means of injury: 3

23. Signature: W. W. Williams (M. D. or other) _____

Address: Moberly Mo. Date signed: 29 Oct 48

NOV 10 1948

RECEIVED

District Health Officer No. 10

District File Number 11-48-1888

Date Filed NOV 3 - 1948

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherly 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.