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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 16 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1202

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
~~XXXXXX~~ 1021 Logan St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL") //  
(d) Street No. 1021 Logan Street //  
(If rural, give location) //  
(e) Citizen of foreign country? No (Yes or No) //  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES W. PEARMAN

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

4. Sex M. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased January 1, 1861  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Wesley Pearman 9  
13. Birthplace Unknown 9  
14. Maiden name Sybilna Smith 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Arrie Llalet (daughter)

(b) Address 1021 Logan St., City

17. (a) Burial (b) Date thereof 11/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 11-12-48 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7, year 1948 hour 6 minute :10 A.M.

21. I hereby certify that I attended the deceased from Jan - 1947 to Nov 7 1948  
that I last saw him alive on Nov 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 yrs  
Due to Hypertension 3  
Due to Hepatitis Chol ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310 Of autopsy \_\_\_\_\_  
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) (e) Means of injury 0

23. Signature [Signature] (M. D. or D. O. B. or P. or R. or N. or M. or A. or Ch. or Ph. or D. or V. or E. or S. or O. or L. or C. or J. or M. or A. or R. or E. or N. or G. or H. or I. or K. or L. or M. or N. or O. or P. or Q. or R. or S. or T. or U. or V. or W. or X. or Y. or Z.)  
Address [Signature] Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

**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..... *John C. Rupp*  
Licensed Embalmer No. *3986*  
P. O. Address *St. Joseph, 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.**