FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40299
Registrar's No. 5125

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~~: TRINITY LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 HOURS. (Specify whether
In this community 20 YEARS.
years, months or days)

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.: 4825 BELLEVIEW AVENUE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Hathie ~~MARIE~~ Pearman
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: MARRIED
6. (b) Name of husband ~~or wife~~: MR. ARTHUR Y. PEARMAN
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: OCTOBER (Month) 20 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
60	1	24	hr. min.

9. Birthplace: CARTHAGE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: AT HOME
MOTHER FATHER
12. Name: GEORGE PAYNE
13. Birthplace: INDIANA (City, town, or county) (State or foreign country)
14. Maiden name: ANNA E. BAILEY
15. Birthplace: BUTLER (City, town, or county) MO. (State or foreign country)
16. (a) Informant: ARTHUR P. PEARMAN
(b) Address: 4825 BELLEVIEW AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 17 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 12-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14TH year 1948 hour 8 PM minute M.
21. I hereby certify that I attended the deceased from for 15 years, 19..., to ..., 19...; that I last saw her alive on 12-14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Brain Hemorrhage — Duration
Due to: Blood pressure 260 and over for years
Due to: Left eye has had a retinal hemorrhage in the past
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

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? Geo. F. Pendleton (Specify type of place)
While at work? (e) Means of injury
23. Signature: Geo F Pendleton (M. D. or other) MD
Address: 933 Prof Bldg Date signed 12-14-48

(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. Robert Ray

Licensed Embalmer No. 4182

P. O. Address. Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.