

FILED FEB 10 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42562

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

Registration District No. 277

Primary Registration District No. 5786

Registrar's No. 14

1. PLACE OF DEATH:  
(a) County Mississippi  
(b) City or town Wyatt, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 miles north of Wyatt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 6 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mississippi  
(c) City or town Wyatt, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles north of Wyatt  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mattie Pearson  
3. (b) If veteran, name war No  
3. (c) Social Security No. Not Known

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 23rd  
year 1948 hour 2:00 minute \_\_\_\_\_ P.M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Garvin Pearson  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased July 10, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19, 1948 to Dec 23, 1948  
that I last saw her alive on Dec 23, 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death  
hypertension  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Jackson, Tennessee  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
83W

10. Usual occupation Housewife

11. Industry or business None

12. Name Louis Varber

13. Birthplace Jacson, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Garvin Pearson

(b) Address Rfd, Charleston, Mo.

17. (a) Burial (b) Date thereof 12-27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Charleston, Missouri

19. (a) 2-4-49 (b) Mrs. Phia Bondurant  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Wyatt, Mo. Date signed 1-3-49

Duration

4 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 249-224

Date Filed 2-8-49

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**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 Edward E. Finckler

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

**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.**