

No. 300,  
M-10-47  
7-5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27014**  
Registrar's No. **25**

Registration District No. **207**

Primary Registration District No. **4318**

1. PLACE OF DEATH:  
(a) County **Maries**  
(b) City or town **Vienna, Mo.**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Charles M. Pearson**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color of race **White**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Sarah C. Pearson**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 15, 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 4 17** hr. min.

9. Birthplace **Maries County Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Sheardian Pearson**

13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. C. Pearson**

(b) Address **Vienna, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **8-4-1948**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Vienna, Mo.**

18. (a) Signature of funeral director **The Burial Service**  
(b) Address **Vienna, Mo.**

19. (a) **8-20-48** (Date received local registrar) (b) **Pauline Howard** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Maries**  
(c) City or town **Vienna, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**  
year **1948** hour **10** minute **35** AM.

21. I hereby certify that I attended the deceased from **April 30, 1947, to August 2, 1948**  
that I last saw him alive on **August 2, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **S. C. Howard** (M. D. or other) \_\_\_\_\_

Address **Vienna, Missouri** Date signed **8/17/48**

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

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RECEIVED  
District Health Officer No. 9,  
District Fil. Number AUG 24 1916  
Date Filed

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 *W. C. Burmister*  
.....  
Licensed Embalmer No. *3664*  
.....  
P. O. Address *Creighton 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.**