ORIGINAL

6224

NOV 20 1934

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

37049

1 PLACE OF DEATH

County Putnam 720 State: Missouri IOWA Registered No. 15

Township Grant 6234 or Village _____ or

City _____ No. _____, _____ St., _____ Ward

(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2 FULL NAME Nancy Alice Earhart

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of J. F. Earhart

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1881

7 AGE: Years 53 | Months 8 | Days 29 | If less than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) August 1934

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Appanoose County, Iowa

FATHER

13. NAME Albert O'Neal

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Lucy Ann Bowlar

16. BIRTHPLACE (city or town) (State or country) Davis County, Iowa

17. INFORMANT (Address) J. F. Earhart Coatsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL Place Jones Cemetery Date Oct. 31, 1934

19. LICENSED EMBALMER (Address) E. R. Moen Moulton, Iowa No. 2497

20. FILED Nov 7, 1934 E. E. McClellan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1934 to Oct., 1934

I last saw her alive on Oct. 28, 1934 death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Hepatic	
Carcinomas	
41 E	

Contributory causes of importance not related to principal cause:

Name of operation Laparotomy Date of Apt.

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased, no

If so, specify _____

(Signed) P. V. Hart M. D.

(Address) Coatsville

(OVER)

V. S. No. 4—Original

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U.S.?_____. If so give name of War_____

I, E. R. Moen Licensed Embalmer No. 2497 hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself L. E. No. 2497 or by_____ Registered apprentice No._____ working under my personal supervision.

Signed E. R. Moen

Licensed Embalmer No. 2497

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).