

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18603
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township Cambell Primary Registration District No. 2004 Registered No. 369
(c) City SPRINGFIELD (d) Street No. St. John Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANCES LYLE EARLS
(a) Residence, No. 833 S. Nettleton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee H. Earls
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1916
7. AGE YEARS 22 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.
13. NAME Frank Shoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Neb.
15. MAIDEN NAME Opal Lyle Garland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Mo.
17. INFORMANT Mrs. Leta Wilkerson
(ADDRESS) 2411 Summit Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 5-5-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wynn Hall
Springfield, Mo.
20. FILED 5-4-1939 Chas. A. George, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 3, 1939
I last saw her alive on May 3-39, 19..... Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:
Shock & heart failure following very difficult menses delivery
Date of onset May 3/39
Other contributory causes of importance:
Mat. parturition of Baby
Name of operation Version Delivery Date of May-3-39
What test confirmed diagnosis? Was there an autopsy?
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 None
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robert Williams, M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

DOM 284846

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 Floyd W. Fox
Licensed Embalmer No. 2910
P. O. Address 629 W Walnut

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, above space should be left blank.

4