

RECD JUN 8 1939

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

18604
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township Campbell Primary Registration District No. 2001 Registered No. 370
 or SPRINGFIELD
 (c) City SPRINGFIELD (d) Street No. St John Hospital St.
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

INFANT of LEE H. and FRANCES L. EARLS
 (a) Residence, No. Still Born 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 0 0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still Born
 9. Industry or business in which work was done, as saw mill, bank, etc. Born
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) mo

FATHER 13. NAME Lee H Earls

14. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Frances L Shol

16. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) mo

17. INFORMANT Frank L Shol (ADDRESS) 2411 Summit ave

18. BURIAL, CREMATION OR REMOVAL PLACE Hazelwood DATE 5-5 1939

19. FUNERAL DIRECTOR (NAME) Dunn Hall (ADDRESS) Springfield mo

20. FILED 5-4 1939 Chas a george M.D. Local Registrar. 290 (Address) Springfield mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1939

22. I HEREBY CERTIFY, That I attended deceased from May 3 1939 to May 3 1939
 I last saw h. l. at home 5:30 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Difficult respiration delaying
causing death of baby
Still born

Date of onset May 3/39

Other contributory causes of importance:

Name of operation None Date of -
 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? Yes 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 Yes
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify -
 (Signed) Robert Williams, M. D.
 (Address) Springfield mo

K. 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.

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.

7910

P. O. Address

679 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.

X