

1955 JUN 22 1939

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

19551
Do not use this space.

1. PLACE OF DEATH *7*

(a) County *Tutwiler* Registration District No. *720*
 (b) Township *Liberty* Primary Registration District No. *5951*
 (c) City Registered No. *5*
 (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 *668* *Albert L. Earhart*

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Eveline Earhart*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 19, 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farm*
 10. Date deceased last worked at this occupation (month and year) *March 1, 1938* 11. Total time (years) spent in this occupation *all*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clarno Iowa*

FATHER 13. NAME *John Earhart*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER 15. MAIDEN NAME *Rody Boyd*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *W.H. Fisher*
 (ADDRESS) *Unionville, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Vernon* DATE *May 12, 1939*

19. FUNERAL DIRECTOR (NAME) *Comstock MacC*
 (ADDRESS) *Unionville, Mo*

20. FILED *May 31, 1939* *E. E. McCellan*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April, 1939* to *May, 1939*
 I last saw him alive on *May 5, 1939*. Death is said to have occurred on the date stated above, at *8:00 A.M.*
 The principal cause of death and related causes of importance were as follows:
Apoplexy
g.j.k.

Date of onset

Other contributory causes of importance:
Epileptiform convulsions

Name of operation Date of
 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. L. Hart*, M. D.
 (Address) *Coatsville, Mo.*

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.

RECEIVED

District Health Officer No. 10

District File Number 60-39-1019

Date Filed 7-3-39

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,

John H. Comstock

or by

Registered Apprentice No., working under my personal supervision.

Signed

John H. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, N.C.

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.