

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

32027
Do not use this space.

157 OCT 4 1939

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104
 (b) Township 1 Primary Registration District No. 3008
 or Funston
 (c) City 1 (d) Street No. 1100 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 Maric Earnest
 (a) Residence, No. Hawk Point Mo. 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 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 ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OK

7. AGE YEARS 46 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. U.P.A. Laborer
 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) Hawk Point Mo

FATHER

13. NAME Sam Earnest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

MOTHER

15. MAIDEN NAME OK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Way Missouri DATE Sept 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo J. Wallace
Funston Missouri

20. FILED Sept 4, 1939 R. N. Crevas
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to Sept 3 1939
 I last saw him alive on Sept 3 1939. Death is said to have occurred on the date stated above, at 2:57 p.m.
 The principal cause of death and related causes of importance were as follows:
General Paralysis of Insane
 Date of onset _____
 Other contributory causes of importance: 80

Name of operation _____ 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? _____ 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? _____
 If so, specify _____
 (Signed) J. R. Beach, M. D.
 (Address) State Hospital

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.

14
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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

Harold J. Christy

Licensed Embalmer No. *4002*

P. O. Address *Dutton, 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, above space should be left blank.