No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6933

State File No. _____

FILED MAR 11 1940

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage, Rural R 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Not McCune Brooks, Carthage Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

In this community 22 yrs 10 mo 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Rural R 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi east of Jasper Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Harvey Daniel EARL

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 494-72-6198

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: March (Month) 19 (Day) 1917 (Year)

8. AGE: Years 22 Months 11 Days 8 If less than one day: 0 hr. 0 min.

9. Birthplace: Jasper Co (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Chauncey B. Earl
13. Birthplace: Jasper Co (City, town, or county) MoO (State or foreign country)

MOTHER
14. Maiden name: Ida E. Teeter
15. Birthplace: Jasper (City, town, or county) MoO (State or foreign country)

16. (a) Informant: C. B. Earl
(b) Address: Jasper Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 1 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Pagadise Cem.

18. (a) Signature of funeral director: Chas. J. Teeter
(b) Address: Jasper Mo. 865

19. (a) Mar 1, 1940 (Date received by local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1940 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 22, 1940, to Feb 28, 1940 that I last saw him alive on Feb 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: undulent fever	2 mo.
Due to: Septicemia and multiple abscesses	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed 3/2/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 340-781
Date Filed MAR 9 1940

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 Chas. J. Teeter, Registered Apprentice No. _____, working under my personal supervision.

Signed Chas. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.