

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17542**
Registrar's No. **2069**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6616 Broadmoor Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - (Specify whether
In this community 20 yrs years, months or days)

3. (a) PRINT FULL NAME Mrs. Lura Earle
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Earle
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased September 27 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 21 hr. min.

9. Birthplace McFall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER { 12. Name H. M. Rice
13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Eliza M. Ingram
15. Birthplace Wytheville Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Earle
(b) Address 6616 Broadmoor Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer, L.S.
(b) Address 1401 Brush Creek Blvd.

19. (a) May 21 1940 (Date received local registrar)
(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6616 Broadmoor Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18
year 1940 hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from April 16, 1940
19, to May 18, 1940
that I last saw her alive on May 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to -
Due to -
Other conditions (Include pregnancy within 3 months of death) -

Major findings:
Of operations -
Of autopsy -

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? -

While at work (Specify type of place) (e) Means of injury -
23. Signature J. M. Frankenburg (M. D. or other) 218
Address 824 Realt Bldg Date signed 5-18-40

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mrs. E. H. H.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address B. C. 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.