

D. 2
10-39
7-39
K21492

Registration District No. 163

Primary Registration District No. 40951

State File No. _____

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Edwards
(b) City or town El Dorado Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main st 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME GEORGE DELANO EARL

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Carl 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov 8 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Moringo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector Bell Telephone Co
Retired

11. Industry or business _____

12. Name Kauntalen Carl

13. Birthplace Moringo Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Green

15. Birthplace Moringo Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Carl
(b) Address North Main st

17. (a) Buried (b) Date thereof Sept 25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Robert J. ...
(b) Address El Dorado Mo

19. (a) 9-25-1940 (b) J. Dawson
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Edwards
(c) City or town El Dorado Mo
(If outside city or town limits, write "RURAL")
(d) Street No. W Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1940 hour 1 minute 20 PM

21. I hereby certify that I attended the deceased from May 1
1940 to Sept 23 1940
that I last saw him alive on Sept 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis of heart

Due to _____
Due to _____

Other conditions (include pregnancy within 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? 154 (Specify type of place) (e) Means of injury _____

23. Signature W. B. ... (M. D. or other) _____
Address El Dorado Mo Date signed 9/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,
District File Number 10-80-1401
Date Filed 10-8-40

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs

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.