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X21492

FILED JUN 11 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18083

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 hours  
(Specify whether years, months or days)

In this community 32 hours

3. (a) PRINT FULL NAME Peggy Sue Earl

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 6th. 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	1	hr. min.

9. Birthplace Carthage Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Chauncey E. Earl

13. Birthplace Jasper, Co. Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Allen McClintock

15. Birthplace Jasper Co. Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Chauncey E. Earl

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof May 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Phas J. Tetter

(b) Address Jasper, Mo

19. (a) May 8, 1941 (b) E. G. M. E. Justice, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49  
0  
0

(a) State Missouri (b) County Jasper

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1941 hour 7 minute 55 a.m.

21. I hereby certify that I attended the deceased from May 6  
1941 to May 7, 1941;  
that I last saw her alive on May 7, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage of newborn Duration 32 hrs

Due to Distended labor

Due to \_\_\_\_\_

Other conditions: 1/6 2/1  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

8605 (Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Charles A. Schell, Jr. (M. D. or other) Dr. M.D.  
Address Jasper, Mo. Date signed 5/7/41

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

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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 \_\_\_\_\_

Howard Simpson, Registered Apprentice No. 285  
working under my personal supervision.

Signed Phas 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.**