

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

29057

FILED SEP 12 1941

Registration District No.

Primary Registration District No.

3032

Registrar's No.

2538

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D. B. Bethwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 months
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

DAVID EARP

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie Earp 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Jan 28 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 11 hr. min.

9. Birthplace Springfork, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

- MOTHER FATHER { 12. Name George Earp
13. Birthplace Ben England
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Sheppard
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John O Brine
(b) Address Sedalia

17. (a) Burial (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Antioch Cem

18. (a) Signature of funeral director Me Laughlin
(b) Address Sedalia

19. (a) Aug 11, 1941 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 615 East 17
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from June, 1940, to August 9, 1941
that I last saw him alive on Aug 9, 1941,
and that death occurred on the date and hour stated above.

- Immediate cause of death Carcinoma Prostate gland 1 yr
Duration

- Due to 515

- Due to Chronic intussusception

- Other conditions (Include pregnancy within 3 months of death)
infants

- Major findings:
Of operations

- Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury

23. Signature J. W. Boyer (M. D. or other)
Address Sedalia Mo Date signed 8/14/41

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

FAIR FARE

RECEIVED
District Health Officer No. 8
District File Number
9-10-41
Date Filed

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.