

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942
Registration District No. 31A

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10767
State File No. _____
Registrar's No. 249

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 1915 N. Benton
(d) Length of stay: In hospital or institution 1
In this community 30 years, months or days

3. (a) PRINT FULLNAME MARY JANE EARP.
(b) If veteran, name war NONE
(c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased: JUNE (Month) 30 (Day) 1870 (Year)

8. AGE: Years 71 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation House wife
11. Industry or business In home

MOTHER FATHER {
12. Name Unknown Laney
13. Birthplace Unknown Unknown
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Gladys Murray
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/29/42
(c) Place: burial or cremation Newburg Mo.

18. (a) Signature of funeral director J. W. Thompson Co.
(b) Address Springfield Mo.

19. (a) 3-28-42 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) county Greene
(c) City or town Springfield
(d) Street No. 1915 Benton
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1942 hour 8 minute 30 A.

21. I hereby certify that I attended the deceased from 3/28 1942 to 3/28 1942
that I last saw her alive on 3/28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion
Due to coronary sclerosis
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 940
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) Month of injury 0
23. Signature Arthur Knapp (M. D. or other) MD
Address 420 W. 10th. Council Date signed 3/28/42

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.....

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.