

Registration District No. 784

Primary Registration District No. 4422

Registrar's No.

1. PLACE OF DEATH:
(a) County... Polk
(b) City or town... Bolivar, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Polk
(c) City or town... Bolivar
(d) Street No...
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... Rebecca Ann Earhart
3. (b) If veteran, name war...
3. (c) Social Security No... none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... April day... 13 year... 1942 hour... 8:30 minute... P. M.
21. I hereby certify that I attended the deceased from April 8, 1942 to April 13, 1942
that I last saw her alive on April 13, 1942 and that death occurred on the date and hour stated above.

4. Sex... Female 5. Color or race... white 6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... George A. Earhart 6. (c) Age of husband or wife if alive... 81 years
7. Birth date of deceased... 12, 1869 (Month) (Day) (Year)

Immediate cause of death... acute heart failure
Duration... 1 wk

8. AGE:	Years	Months	Days	If less than one day
	72	7	1	hr. min.

Due to... Hypertensive myocarditis 5-6 mo
Due to...

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

Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation... Home Keeper

Major findings:
Of operations... 93
Of autopsy...

11. Industry or business...
12. Name... John Brown
13. Birthplace... Tenn.
14. Maiden name... Mary Jane Griffith
15. Birthplace... Tenn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant... John Earhart
(b) Address... Bolivar, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof... April 15, 1942 (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation... Pleasant Hill

While at work? (Specify type of place) (e) Means of injury...

18. (a) Signature of funeral director...
(b) Address... Bolivar, Mo.

23. Signature... Doyle C. Melvin (M. D. or other)
Address... Bolivar, Mo. Date signed...

19. (a) 4-16-42 (Date received local registrar)
(b) Colvin J. McDaniel (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 5-42-537

Date Filed 5-14-42

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 *William D. Erwin*

Licensed Embalmer No. 3092

P. O. Address. *Bellevue, 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, fact should be so stated above.