

FILED AUG 7 1942

State File No. _____

Registration District No. 87

Primary Registration District No. 3007

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether
 In this community 40 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Quin, Route 1
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Wesley 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 married
 6. (b) Name of husband or wife Mrs. J. W. Earp 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Sept. 23 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace Benton County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Self

12. Name Will earp

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

14. Maiden name Mort Nyal

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

16. (a) Informant Mollie Earp

(b) Address Quin R. 1 Missouri

17. (a) Burial (b) Date thereof July 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Dexter, Missouri

19. (a) 7-14-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
 year 1942 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 9 1942
 that I last saw him alive on July 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Cardiac failure 2 days

Due to Cornary Sclerosis ?

Due to Ch Myocarditis ?

Other conditions _____
(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 _____

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) (c) Means of injury

23. Signature [Signature] (M. D. or D. O.) _____

Address Poplar Bluff Mo Date signed 7/14/42

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

12
3072

RECEIVED

District Health Office No. 2,

District File Number 842-925

Date Filed 8-4-42

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Deyle, 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.