

FILED SEP 10 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 4330

Registrar's No. 50

67  
2  
0

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi

(c) City or town East Prairie, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EURIA PAUL 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 0

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased July 7th 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>25</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 27-42 to Aug 2, 1942  
that I last saw him alive on Aug 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus

Due to Inf Cord

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name K. L. Earp

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

14. Maiden name Jessie Margaret Earp

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

16. (a) Informant Jessie Earp

(b) Address East Prairie, Mo.

17. (a) burial (b) Date thereof Aug 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dagwood

18. (a) Signature of funeral director W. J. Shelby

(b) Address East Prairie, Mo.

19. (a) 9-4-42 (b) Shelby  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

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) (Means of injury) \_\_\_\_\_

23. Signature W. J. Shelby (M. D. or other) \_\_\_\_\_  
Address East Prairie, Mo. Date signed 8-5-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office, No. 2,

District File Number 943-1178

Date Filed 9-8-42

*Handwritten notes:*  
9/8/42  
not embalmed  
Determined  
not embalmed

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. ....

*not embalmed*  
Signed Louis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.