

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 34

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

Primary Registration District No. 4525

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town MILO

(c) Name of hospital or institution: HOME

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 71 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon

(c) City or town Milo (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 MARGARET-E. EARHART

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1943 hour 8 minute 32 P.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife GEORGE H. EARHART

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 2 1860

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 9 1943 to Nov. 11 1943 that I last saw her alive on Nov. 11 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 5 9 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 56 hrs.

Due to High blood pressure and hardened arteries

9. Birthplace SPARTA ILLINOIS

(City, town, or county) (State or foreign country)

Other conditions None (Include pregnancy within 3 months of death)

10. Usual occupation HOUSE KEEPER

11. Industry or business own home

Major findings: Of operations J3a

Of autopsy _____

12. Name JAMES M. BROWN

13. Birthplace unk ILLINOIS

(City, town, or county) (State or foreign country)

14. Maiden name MARY E. MCQUISTEN

15. Birthplace unk ILLINOIS

(City, town, or county) (State or foreign country)

16. (a) Informant JAMES M. EARHART

(b) Address MILO MISSOURI

17. (a) BURIAL (b) Date thereof NOV 14 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milo MO

18. (a) Signature of funeral director M. E. Ferry

(b) Address Nevada, Mo

19. (a) Nov 14 1943 (b) Hessner Ludwig

(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature C. L. Keithly MD (M. D. Brother)

Address Milo Mo Date signed 11-12-43

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

RECEIVED

District Health Officer No. 7,

District File No. 11-43-1328

Date Filed 12-7-43

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 Walter E. Terry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.