

FILED FEB 28 1944
Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Burial - Mans. Mo. Sugar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi. S. of Mans. Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 mo. 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Burial
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. S. of Mans. Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LARRY DALLAS EARLS

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. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 12, 1942 (Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Marion C. Earls
13. Birthplace Cassville, Ind. (City, town, or county) (State or foreign country)
14. Maiden name Mable Shelton
15. Birthplace Eagle Rock, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Marion C. Earls
(b) Address Eagle Rock, Mo. Star Rt.
17. (a) Burial (b) Date thereof 12-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mans. Cemetery

18. (a) Signature of funeral director W. D. Koon
(b) Address Cassville, Mo.
19. (a) Jan 4 - 1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 19, 1942 to Dec 22, 1943
that I last saw him alive on Dec. 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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) _____ (c) Means of injury 0
23. Signature Herm H. Dalyer (M. D. or other) M.D.
Address Cassville Mo Date signed Dec 27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 244-284

Date Filed FEB 25 1944

Franklin E. ...

STATEMENT BY LICENSED EMBALMER

NOT

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 *W. C. Noon*

Licensed Embalmer No. 4359

P. O. Address *Casville, 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.