

FILED JUN 12 1944

Registration District No. 104 Primary Registration District No. 4176

Registrar's No. 18

1. PLACE OF DEATH: Dunklin Mo  
 (a) County Malden Mo  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dunklin  
 (c) City or town Malden  
 (d) Street No. 407 W. Marion  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas Dudley Earle  
 3. (b) If veteran name was Mar no 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 29  
 year 1944 hour 19 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from Dec 1 1941  
 to May 29 1944  
 that I last saw him alive on May 29 1944  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Rearl  
 6. (c) Age of husband or wife if alive 46 years

Immediate cause of death Carcinoma of Stomach  
 Due to Chronic Myocarditis 3 yrs  
and Liver 2 mos

7. Birth date of deceased Jan 17 1894  
 (Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
50 4 12 hr. min.

Due to Metastases to Lungs  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Rector Ark  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Druggist

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Dr. G. G. Earle  
 13. Birthplace Key 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Emma Dudley  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
 (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 S. E. Mitchell (M. D. or other) M.D.  
 Address Malden Mo Date signed 5/31/44

16. (a) Informant Mrs. C. D. Earle  
 (b) Address Malden  
 17. (a) Removal (b) Date thereof May 31-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenway Ark  
 18. (a) Signature of funeral director W. L. Braig  
 (b) Address Malden Mo  
 19. (a) 5-31-44 (b) T. D. Elden  
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUN 12 1944

RECEIVED

District Health Office No.

District File Number 644-8

Date Filed 6-8-44

JUN 22 1945

**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 W. L. Craig

Licensed Embalmer No. 4302

P. O. Address Malden

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.