S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38261

FILED NOV 30 1945

Registration District No. 29

Primary Registration District No. 4433

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Monroe Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Powersville, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hazel Marie Earles

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Elmo Wood Earles

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased November 21 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
29	10	16	hr. min.

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

10. Usual occupation Homework

11. Industry or business

FATHER
12. Name Floyd Sheppard
13. Birthplace Harris Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Echel Anderson
15. Birthplace Harris Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. Wood Earles
(b) Address Powersville, Mo.

17. (a) Burial Harris Mo. (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harris, Mo.

18. (a) Signature of funeral director Hinsted & Son
(b) Address Unionville, Mo.

19. (a) 10-30-45 (b) Marvell Durham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1945 hour 6 minute 25A M.

21. I hereby certify that I attended the deceased from Oct. 17, 1945, to Oct. 17, 1945
that I last saw her alive on Oct. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ectopic gestation

Due to Chronic salpingitis

Due to

Other conditions
(Include pregnancy within 3 months of death)
Peritonitis following surgery

Major findings:
Of operations

Of autopsy

129

Duration

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

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. W. McDonald (M. D. or other) DO

Address Unionville Mo Date signed 10-17-45

1532 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1712
Date Filed NOV 27 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 F O Hasted

Licensed Embalmer No. 2975

P. O. Address Junionville 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.