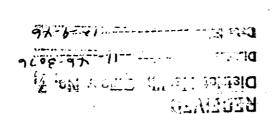
S. No. 2 M—8-13 . 5-17-39	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFI	CATE OF DEATH State File No.	;
P.I X37823	Registration District No. 9/4 Primary Registration District	ct No. 6064 Registrar's No.	*****
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County St. Clair (b) City or town OS COOLS (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 years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St Clat (c) City or town Os COOla (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) No (e) Citizen of foreign country? (Yes o	93 0
	3. (c) PRINT Eugene O. Earnheart 3. (b) If veteran, NO	that I last saw h alive on 19 and that death occurred on the date and hour stated above. Immediate cause of death Dura	<u></u> ;
	7. Birth date of deceased (Month) (Day) (Year) 8. AGE: 68 Years Months Days If less than one day hrmin.,	Due to.	
	(City, town recomme) (State or foreign country) 10. Usual occupation 11. Industry or business 12. Name Cornelius Earnheart 13. Birthplace (City, town recommend) 14. Maiden name (City, town recommend) Unknown	Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Und the ca which shoul charge tistica	erline use to death Id be
	15. Birthplace	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	e) place?
- · · · · ·	18. (a) Signature of funeral director (b) Address OS COOLA Missouri South 19. (a) LO-15 1946 (b) William Signature) (Date received local registrar) (Registrar's signature) 3 4 4 (Licensed Embalmer's Sta	While at work? (c) Means of injury 23. Signature (Lettle Secret (M. D. or other) Address Date signed / Or other) Attement on Reverse Side)	1) 18.46



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			
1. I would assemble			

working under my personal supervision.

	_	Licensed Embalmer No.
		P. O. Address Green 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.