

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40219**  
Registrar's No. **1002**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2115 South National**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **56 years** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **WILLIAM C. EARNEST**  
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 **married**  
6. (b) Name of husband or wife **Virginia Earnest** 6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased **March 9, 1890**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56 9 6** hr. \_\_\_\_\_ min.

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Jeweler**

11. Industry or business **Earnest Jewelry Shop**

MOTHER FATHER

12. Name **Wm. A. Earnest**  
13. Birthplace **? Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Florence Donnelly**  
15. Birthplace **? Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virginia Earnest**

(b) Address **2115 South National**

17. (a) **Burial** (b) Date thereof **12-18-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**  
**Springfield, Missouri**  
(b) Address

19. (a) **12-17-46** (b) **W. E. Handley** and  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene** **39**  
(c) City or town **Springfield,** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2115 South National** **6**  
(If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **15**  
year **1946** hour **9:30 P.M.** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **9/19/46**  
19 \_\_\_\_\_ to **12/15/46** 19 \_\_\_\_\_  
that I last saw **him** alive on **12/11/46** 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **5 min.**  
Due to **Hypertension** ?  
Due to \_\_\_\_\_ ?

Other conditions **Diverticulosis** ?  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations **83A**  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. E. Handley** (M. D. or other) **M.A.**  
Address **Springfield, Mo.** Date signed **12/17/46**

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

FEB 9 1948

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**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.....

*C. A. Roof*

Licensed Embalmer No. 3044

P. O. Address..... Springfield, Missouri

**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.**