

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**North East Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 days**  
In this community **12 days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Monroe**  
(c) City or town **Novelty**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Ethel Maude Earhart**

3. (b) If veteran, name war **no** 3. (c) Social Security number **524-16-7800**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Merle Philip Earhart** 6. (c) Age of husband or wife if alive **38** years  
7. Birth date of deceased **January 15 1912**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **10** Days **8** If less than one day hr. min.

9. Birthplace **Whiting, Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name **Roy Monroe**  
13. Birthplace **Whiting, Kans.** (City, town, or county) (State or foreign country)  
14. Maiden name **Florence Sticker**  
15. Birthplace **Unknown Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Merle Earhart**  
(b) Address **Novelty Mo.**

17. (a) **Removal** (b) Date thereof **Nov. 23, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Horton, Kansas**

18. (a) Signature of funeral director **Wm. J. Dwyer**  
(b) Address **Independence Mo.**

19. (a) **11-23-48** (b) **W. M. Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **23<sup>rd</sup>** year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Nov. 12<sup>th</sup> 1948** to **Nov. 23<sup>rd</sup> 1948** that I last saw her alive on **Nov. 23<sup>rd</sup> 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration **4 da.**  
Due to **Panhyposterectomy**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **56 lb**

Major findings: **arteriosclerosis of operations of 700 cc. cysts - also sigmoiditis + cystic ovary**  
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? \_\_\_\_\_

23. Signature **Wm. J. Dwyer** (M. D. or other) **D.O.**  
Address **10307 Lindbergh Ave.** Date signed **11-23-48**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**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.....

*Raymond W. Martin*

Licensed Embalmer No.....

4150

P. O. Address.....

*Indy, Pa.*

**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.