

S. No. 2  
1-12-45  
7-5-17-39  
X47070

FILED APR 22 1947

Primary Registration District No. **2000**

Registrar's No. **318**

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

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: Burge Hospital  
(If not in hospital or institution, write street number or location)

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

In this community Unknown  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

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

(d) Street No. Rural Route # 9  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES EARNEST

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bessie Earnest 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 12, 1899  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>47</u>	<u>5</u>	<u>20</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1947 hour 11: minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 25, 1947, to Apr 2, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction Duration 11 days

Due to Adhesions from an old appendectomy done 10 yrs previously

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Adhesions **22 B**  
Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Bois D'Arc, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business Jewelry

MOTHER FATHER { 12. Name William A. Earnest

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Donnelly

15. Birthplace Johnson City, Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Earnest

(b) Address Springfield, Missouri (RFD 9)

17. (a) Burial (b) Date thereof 4/5/1947  
(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

(b) Address Springfield, Missouri

19. (a) 4-5-47 (b) M. H. Handley M.D.  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Don H. Selaly (M. D. or other) M.D.  
Address Springfield, Mo. Date signed 4-5-47

DEC 9 1954

RECORDED

SEP 22 1954

APR 23 1947

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.....

*Joe Mason*  
....., Registered Apprentice No. *477*  
working under my personal supervision.

Signed *Jesse C. Mully*  
.....

Licensed Embalmer No. *2831*

P. O. Address *Springfield, 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.