

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20437
Registrar's No. 15-1947

Registration District No. 86 Primary Registration District No. 5322

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Rural Benton
(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 39 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Cuba 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Troy John Earls
(b) If veteran, name war _____ (c) Social Security No. 490-26-8460

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24th
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virgie 6. (c) Age of husband or wife if
37 years
7. Birth date of deceased. April 6, 1908
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
39 18 hr. _____ min.

Immediate cause of death Crown's Jury returned following verdict Death due to heart attack caused by epileptic. 95
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Crawford County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Taxi-cab operator
11. Industry or business _____
12. Name John T. Earls 0
13. Birthplace Crawford County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Minda Martin 0
15. Birthplace Crawford County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Roy Earls
(b) Address Steelville, Missouri
17. (a) Burial (b) Date thereof 4/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kinders Cemetery, Cuba, Mo.
18. (a) Signature of funeral director Thomas S. Salbeck
(b) Address Steelville, Missouri
19. (a) 4-26-47 (b) Paul P. Shaul
(Date received local registrar) (Registrar's signature) 377

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? Mo.
(Specify type of plague) _____
While at work? _____ (e) Means of injury _____
23. Signature Thomas S. Salbeck (M. or other) 2
Address Steelville, Mo. Date signed 4/25/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

C. Jesse Gahr, Registered Apprentice No. *433*
working under my personal supervision.

Signed *Thomas S. Gahr*

Licensed Embalmer No. *4332*

P. O. Address *Steelville, 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.