

No. 2  
-12-45  
5-17-39  
X47070

FILED MAY 6 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 3119

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bothwell 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 days  
(Specify whether)

In this community 30 years  
years, months or days

3. (a) PRINT FULL NAME Norman Lafayette Earl

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 Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 5 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>16</u>	..... hr. .... min.

9. Birthplace Lexington Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mason

11. Industry or business.....

MOTHER FATHER

12. Name Jessie F. Earl

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

14. Maiden name Cordelia Persinger

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

16. (a) Informant Eugene Earl

(b) Address Independence Mo.

17. (a) Burial (b) Date thereof 4 23 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamonte Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address Lamonte Mo.

19. (a) 4-23-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Lamonte Mo. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1948 hour 8 minute 58 a.m.

21. I hereby certify that I attended the deceased from 18 April 48 to April 21 1948  
that I last saw him alive on April 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary & Pulmonary  
Stenosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... 510

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? 0

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. Swavelyn (M.D. or other) MMJ  
Address Jellico Mo Date signed 4/22/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-5-48

MAY 18 1948

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.