FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 17 1948

STANDARD CERTIFICATE OF DEATH

State File No. 15897

Registration District No. 107 — Primary Registration District No. 5422 — Registrar's No. 47

35
0
0

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Rural Ind. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Boarding Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Dunklin 35
(c) City or town Kennett 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural # 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Yonge Lee Earp
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 26 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	11	..... hr. ..... min.

9. Birthplace Benton Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER
12. Name James M. Earp
13. Birthplace Benton Co. (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Martha King
15. Birthplace Benton Co. (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Marshall Earp
(b) Address 106 N. Hopper Kennett, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Lintz Service
(b) Address Kennett MO
19. (a) 5-6-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature) 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 8:00 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 1st, 1948, to May 6, 1948 that I last saw him alive on May 6th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Thrombo Phlebitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

100 B

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature D T Dempsey (M. D. or other) Comd
Address Kennett MO Date signed 5-6-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 548-608
Date Filed 5-13-48

STATEMENT BY LICENSED EMBALMER Not Embalmed

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.