

S. No. 2
M-8-43
5-17-39
K1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38075**
Registrar's No. _____

FILED DEC 10 1946
Registration District No. 314

Primary Registration District No. 6064

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

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Osceola
(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 36 years (Specify whether years, months or days)
In this community _____

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

3. (a) PRINT NAME Eugene O. Earnheart
FULL NAME _____
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 17 year 1946 hour 10 minute 15 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
5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Nettie Earnheart
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January 21 1878
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Duration _____

8. AGE: 68 Years | 9 Months | 27 Days | If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation Farmer

Major findings: Of operations 94A
Of autopsy _____

11. Industry or business _____
12. Name Cornelius Earnheart
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Nettie Earnheart
(b) Address Osceola Missouri

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? _____

17. (a) Burial (b) Date thereof 10-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
Clinton Missouri
(c) Place: burial or cremation Osceola Funeral Home

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

18. (a) Signature of funeral director _____
(b) Address Osceola Missouri
19. (a) 10-18-1946 (b) Ruth Seaver
(Date received local registrar) (Registrar's signature)

23. Signature Ruth Seaver (M. D. or other) _____
Address Osceola Mo Date signed 10-18-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH COMMISSION No. 2
DISTRICT HEALTH COMMISSION
DISTRICT HEALTH COMMISSION
DISTRICT HEALTH COMMISSION

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 J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.