

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31109**
3672
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5331 Highland Plac.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 HIGHLAND
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Suzanne Earheart

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

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

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

7. Birth date of deceased Nov. 25th 1853
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Hempelshot

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

14. Maiden name Felicia Rugh

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

16. (a) Informant Sister Camille

(b) Address 5331 Highland Plac.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-20-40
(Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S CEM.

18. (a) Signature of funeral director Zurk and John

(b) Address Kansas City Mo.

19. (a) Sept. 20, 1940 (Date received local registrar)

M. M. Orbwa (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1940 hour 6.15 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 17 1940 to Sept 17 1940

that I last saw her alive on Sept 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 MO.

Due to 95 B

Due to _____

Other conditions hypertension with atherosclerosis - 7 year
(Include pregnancy within 6 months of death)

Major findings: Of operations none

Of autopsy none

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 1

23. Signature John T. Sherman (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 9/19/40

H. E. MO

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

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 _____

Licensed Embalmer No. 3634

P. O. Address 20 W. Lincoln

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, above space should be left blank.