

FILED AUG 11 1949 170

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 MINUTES
(Specify whether
In this community 1 WK
years, months or days)

3. (a) PRINT FULL NAME EARNEST THEODORE CARON

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JONE LIESEUR
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased JUNE 6 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 13 hr. min.

9. Birthplace GREAT ISLAND CANADA 2
(City, town, or county) (State or foreign country)

10. Usual occupation FORTUNE TELLER

11. Industry or business

12. Name NOT KNOWN
13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jone Caron
(b) Address SLATER MO
17. (a) REMOVAL (b) Date thereof 7-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SLATER MO

18. (a) Signature of funeral director JONES & SALZER
(b) Address SLATER MO
19. (a) Aug 1-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE 2
(c) City or town SLATER 1
(If outside city or town limits, write "RURAL")
(d) Street No. 574 S. CENTRAL AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1943 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-20, 1943 to 7-20-1943
that I last saw him alive on 7-20-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism

Due to 9/4a

Due to _____

Other conditions Dilated stomach
(Include pregnancy within 3 months of death) (7)

Major findings:
Of operations _____

Of autopsy _____

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 _____
23. Signature B. E. Harrell (M. D. or other) MD
Address Lebanon Date signed 7-20-43

Duration

(9)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Received AUG 5 1943

Maclede County Health Unit

File No. 7-43-~~103~~ 104

State Filed AUG 6 1943

AUG 17 1943
AUG 20 1943

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..... *Allyn Detherage*

Licensed Embalmer No. *4333*

P. O. Address *Lanon 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.