

No. 2  
5-42  
3-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

52332

FILED OCT 13 1943

State File No. ....

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 82

1. PLACE OF DEATH:  
(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Putnam  
(c) City or town Unionville  
(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 1

3. (a) PRINT FULL NAME JAMES William EARLS  
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 30  
year 1943 hour 1- minute 30 AM  
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, widowed  
6. (b) Name of husband or wife KATHRYN J. EARLS 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July - 23 1876  
(Month) (Day) (Year)

Immediate cause of death  
Found dead in bed, Natural Cause, apparently, from  
Due to Heart Failure  
apparent time of death about  
Due to 1:30 AM Sept. 30-43

8. AGE: Years Months Days If less than one day  
67 2 7 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 9504  
Of autopsy

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

10. Usual occupation Coal Miner

11. Industry or business Coal Miner & Retiree

12. Name JAMES HARRISON EARLS

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

14. Maiden name SARAH LAVINA VILES

15. Birthplace Putnam County MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard J. Earls

(b) Address Unionville Iowa

17. (a) BURIAL (b) Date thereof OCT-2-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Sam Stock Funeral Home  
(b) Address Unionville, Mo. By J.W. Comstock

19. (a) 10/4/43 (b) [Signature]  
(Date received local registrar) (Signature of registrar)

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) Members of injury .....,  
23. Signature Chas. Jewell et. Co. corner  
Address Unionville Mo Date signed 12-4-43

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

MOTHER FATHER

NOV 24 1943

DEC 3 1943

RECEIVED

District Health Officer No. 10

District File Number 10-43-1714

Date Filed OCT 11 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 James W Pomstick  
Licensed Embalmer No. 4197  
P. O. Address Unionville, 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.