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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

OCT 28 1943

Registration District No. 263

Primary Registration District No. 5888

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural - Big Creek Twp
(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) 1

(d) Length of stay: In hospital or institution 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 077

(c) City or town Proten-rural
(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 0

3. (a) PRINT FULL NAME Ida Earls

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months Days If less than one day
hr. min.

9. Birthplace Ozark County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife own home

11. Industry or business John Earls

12. Name not known

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

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Harless
(b) Address Proten, Missouri

17. (a) Burial (b) Date thereof Sept. 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhodes Cemetery

18. (a) Signature of funeral director Clubingboard
(b) Address Gainesville Missouri

19. (a) 9-2-1943 (b) Mary J. Johnson
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from August 9 to Aug 29, 1943
that I last saw her alive on August 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung
Discovered by X-ray Aug 9, 1943

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 47d

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 H. Boerman (M. D. or other) DO.
Address Gainesville, Missouri Date signed 8/31/43

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

1770

584 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District No. 1043-1163

Date Filed OCT 13 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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Jamesville, Ind.

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.