

FILED DEC 27 1943
Registration District No. 128

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: O'Reilly General Hospital
(d) Length of stay: 7 ds.
In this community 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Scott
(c) City or town Davenport
(d) Street No. 1612 W. Second St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME DONA JEAN EARNEST
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 5
year 1943 hour 10 minute 12 A.M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased: August 24 1943

21. I hereby certify that I attended the deceased from November 30 1943 to December 5 1943
that I last saw her alive on December 5 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 3 Days 11
If less than one day hr. min.

Immediate cause of death Pneumonia, bronchial
Duration 7 ds.
Due to 107

9. Birthplace Davenport Iowa

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER {
12. Name Clyde Leonard Earnest
13. Birthplace Marshalltown Iowa
14. Maiden name Dolores Venetta Condon
15. Birthplace Rock Island Illinois

PHYSICIAN
Major findings: Of operations 1
Of autopsy None
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dolores Earnest
(b) Address 1612 Westland St. Davenport Iowa
17. (a) Removal Davenport, Iowa
(b) Date thereof Dec. 6, 1943

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12-6-43 (b) Dr. W. Handy

23. Signature Albert J. Hummel, Capt.
Address O'Reilly Gen. Hosp. Date signed 12/5/43

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

Walter E. Hamula

Licensed Embalmer No.

3808

P. O. Address

Springfield, 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.