

FILED FEB 28 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Joplin Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Harry M. Earnhart

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced, widowed

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

7. Birth date of deceased April 28, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 16
If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER {
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby K. Withrow
(b) Address 626 Byers Ave., Joplin, Mo.

17. (a) burial (b) Date thereof 2/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 2-14-44 (b) Arthur S. Schaller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1944 hour 9 minute 55 AM.

21. I hereby certify that I attended the deceased from 2/5/44
_____ 19____, to 2/13/44 19____;
that I last saw him alive on 2/13/44 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

uremia
Due to Ch. Interstitial Nephritis

Due to Hypertrophied Prostate
Diagnosed by Dr. A. Proctor

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings of operation Hypertrophied Prostate
Ch. of Prostate
Of autopsy 131a

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____

23. Signature Edmond Johnson M.D. (M. D. or other)
Address 617 France Date signed 2/14/44

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

49
2
5

44-2-15P

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.