

**FILED FEB 2 1946**

Registration District No. **357**

Primary Registration District No. **6219**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County. **Vernon**  
(b) City or town. **Rural - Orwood Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Sheldon Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **20 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County. **Vernon**  
(c) City or town. **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 \_\_\_\_\_

3. (a) PRINT FULL NAME **JULIA ETTA EARL**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **no**

4. Sex **F /** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W /**  
6. (b) Name of husband or wife **Robert Earl** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **Mar 30 1871**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **16** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace. **Crawford Co. Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation. **Housewife**

11. Industry or business. **Same**

MOTHER FATHER  
12. Name **Isaac York**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Van Winkle**  
15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl Celestock**  
(b) Address **Sheldon Mo.**

17. (a) **Burial** (b) Date thereof **Jan 20, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Avola Cemetery**

18. (a) Signature of funeral director **A. B. Bunny & Sons**  
(b) Address **Sheldon Mo.**

19. (a) **Jan 19, 1946** (b) **Kath Smith**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**  
year **1946** hour **2** minute **55 P.M.**

21. I hereby certify that I attended the deceased from  
**Nov. 15, 1945** to **Jan. 16 - 1946**  
that I last saw him alive on **Jan. 9, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile pneumonia.**  
Due to **Influenza**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **338**

Duration \_\_\_\_\_  
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 **SB Bannister** M. D. or other **M.P.**  
Address **Sheldon, Mo.** Date signed **Jan 15, 1946**

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

3411

FEB 18 1949

**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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.**