

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19509

State File No. \_\_\_\_\_

FILED JUL 9 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 742

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution:  
311 East Missouri Ave.

(d) Length of stay: In hospital or institution 47 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hallie Clio Earhart

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 9, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	16	hr. min.

9. Birthplace Ottumwa Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry David Van Cleave

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

14. Maiden name Winnie (Unknown)

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Roy Earhart

(b) Address St Joseph, Missouri

17. (a) Burial (b) Date thereof 6-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Missouri

19. (a) June 29, 1946 (b) Registrar's signature

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph

(d) Street No. 311 E. Mo. Ave.

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25

year 1946 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 4, 1946 to June 24, 1946 that I last saw her alive on June 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Left Lung

Duration 6 Mon.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 472

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Albert H. Muench (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 6/25/46

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

18000

54

---

---

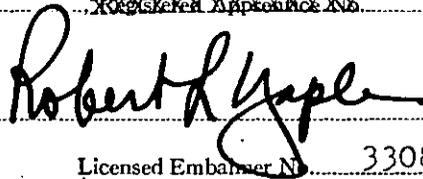
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of Ky

Registered Embalmer No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.