

FILED JAN 12 1948

Registration District No. 189

Primary Registration District No. 5702

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural Mooresville Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles north of Mooresville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles north of Mooresville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Earley

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Claudia May Williams
6. (c) Age of husband or wife if alive (D) years
7. Birth date of deceased January 23 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>11</u> hr. min.

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

10. Usual occupation Farming & Oil Fields

11. Industry or business.....

12. Name Clarence Earley
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Malissa Carpenter
15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clayton Ray Earley
(b) Address Tulsa, Oklahoma
17. (a) Burial (b) Date thereof 1-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Jan 5-1948 (b) Kathleen Pottor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan 28
1947, to Jan 1 1948
that I last saw him alive on Jan 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Duration 8 days

Due to Hypertension

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

23. Signature Joseph A. Galt (M. D. or other) Chillicothe Mo
Address Chillicothe Mo Date signed Jan 5-48

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

9
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Naiman _____

Licensed Embalmer No. 4036 _____

P. O. Address Chillicothe, 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.