S. No. 2
4—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15105

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community All his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No. 236 East Parker St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Michael Burr Earls

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

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

6. (b) Name of ~~husband or~~ wife Rena Earls 6. (c) Age ~~of husband or~~ wife if alive 72 years

7. Birth date of deceased September 18 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	0	hr. min.

9. Birthplace Near Gilliam Saline Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R R Car Repair Mo

11. Industry or business

FATHER
12. Name Beba Earls
13. Birthplace Don't know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth McMellan
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. B. Earls
(b) Address Slater Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-20-48
(Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Slater City Cemetery

18. (a) Signature of funeral director James & Salzer
(b) Address Slater Mo

19. (a) Apr 26, 1948 (Date received local registrar) (b) Mrs Earl C Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 18th
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1943, 19__, to April-18-, 1948
that I last saw him alive on April-18-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Prostate.	5 yr.
~~Due to~~ metastic changes to Liver, Lungs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Duggins Wm (M. D. or other)
Address Slater, Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 3
District File Number
Date Filed 4-28-48

MAY 5 1948

MAY 5 1948

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 James E Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.