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P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22253

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 181

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

4
1
5

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra Mo. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE MILTON LEER 600

3. (b) If veteran, name war (490-01-9072) 3. (c) Social Security No. ~~409-01-9072~~

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

6. (b) Name ~~of husband or~~ wife Beartha Pearl Leer 6. (c) Age ~~of husband~~ or wife if alive 61 years

7. Birth date of deceased Feb (Month) 22 (Day) 1889 (Year)

8. AGE: Years 51 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Palmyra Marion (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Day Labor 0

11. Industry or business

FATHER
12. Name William Henry Leer 9
13. Birthplace Palmyra Marion (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Tragier
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Leer

(b) Address Palmyra Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June (Month) 16 (Day) 1940 (Year)

(c) Place: burial ~~or cremation~~ Palmyra Cemetary

18. (a) Signature of funeral director Grover Givan

(b) Address Hunnewell Missouri

19. (a) 6-14-40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from June 1st, 1940, to June 13, 1940; that I last saw him alive on June 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	2 mo
Due to Carcinoma of unknown location	
Due to	
Other conditions no (Include pregnancy within 3 months of death)	

Major findings: Of operations Biopsy of cervical glands - Carcinoma metastasis

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) no

(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? 400 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Hardesty (M. D. ~~or other~~)

Address Hannibal Mo Date signed 6-14-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ W/E

_____, Registered Apprentice No._____,

working under my personal supervision.

Signed Grover J Givan

Licensed Embalmer No. 1754

P. O. Address Hunnewell 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, above space should be left blank.