

FILED JAN 20 1947

Registration District No. 26

Primary Registration District No. 5700

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Atlanta (Rural - Lyda)
(c) Name of hospital or institution St. W. unknown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2

3. (a) PRINT FULL NAME George W. Efferly
(b) If veteran, name war _____ No. _____
(c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Janie Efferly 6. (c) Age of husband or wife if alive 11-1848
7. Birth date of deceased Apr 11-1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 8 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Andrew Efferly

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

14. Maiden name Clara Burk

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

16. (a) Informant Mrs. Janie Efferly

(b) Address Atlanta Mo

17. (a) burial (b) Date thereof Dec 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cem

18. (a) Signature of funeral director Adel Skimmer

(b) Address Macon Mo

19. (a) Jan 1-1941 (b) Rich McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Atlanta (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 5
_____, 19 40 to Dec. 13, 19 40
that I last saw him alive on Dec. 13
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus

Due to Arterio-sclerosis (cerebral)

Due to _____

Other conditions 97.10
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 A L Camber (M. D. or other) 710
Address Macon, Mo. Date signed 12/21/6

RECEIVED

District Health Officer No. 10

District File Number 1-46-59

Date Filed JAN 7 1941

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

Licensed Embalmer No. 4066

P. O. Address. Mason, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.