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4-41
7-39
K28390

FILLED SEP 8 1941

State File No. _____

Registration District No. 277

Primary Registration District No. 5379

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Benton
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 034

(c) City or town Ava 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ausburn Herrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mattie E. Herrell

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. 27 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	8	7	hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Jackson Herrell

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

14. Maiden name Elizabeth Taylor (City, town, or county) (State or foreign country)

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

16. (a) Informant Maudie Surber

(b) Address Route Ava, Missouri

17. (a) Burial (b) Date thereof 8-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Taber

18. (a) Signature of funeral director Clinkingbeard Funeral Home, While at work? _____ (Specify type of place)
(b) Address Ava, Missouri (c) Means of injury _____

19. (a) 8-11-1941 (b) P. K. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1941 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 22
1941 to Aug 4 1941
that I last saw her alive on Aug 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia from Ca.

Due to Ca of Large Intestine

Due to _____

Other conditions Anemia from Hemorrhage

(Include pregnancy within 3 months of death)

Major findings: H&E

Of operations _____

Of autopsy _____

Duration 2 Month

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? _____

23. Signature M. C. Denton (M. D. or other) _____
Address ava mo Date signed 8-24

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

D. M. C. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 941-1415

Date Filed SEP 4 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..... *H. B. Hutchison*

Licensed Embalmer No. 3731

P. O. Address.....

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.