

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

157013

State File No.

FILED MAY 16 1942
 Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
215 East Eastwood St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 20 Years (Yes or No)
 years, months or days)

3. (a) PRINT FULL NAME Earl Victor Absher

3. (b) If veteran, name war. # 3. (c) Social Security No. 496-16-2409

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Agnes Frease 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased April 13 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 13 hr. min.

9. Birthplace White Co. Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Built Houses

12. Name Thomas Absher
 13. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances King
 15. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Absher
 (b) Address 215 East Eastwood

17. (a) Burial (b) Date thereof April 26, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director J. Fredic Surmy

(b) Address Marshall Mo.

19. (a) 4/25/42 (b) M. T. O. Weather
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 215 East Eastwood St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1942 to April 24, 1942
 that I last saw him alive on April 24, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 12 mo.
468

Due to.....
 Due to.....
 Other conditions Abdominal Dropsy 3 mo
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations X
 Of autopsy X
 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?
 While at work..... (Specify type of place)
 (e) Means of injury.....

Signature A. C. Putnam (M. D. or other)
 Address Marshall Mo. Date signed 4-25-42

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

District Health Officer No. 8,

Date Filed 5-13-24

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. 8 working under my personal supervision.

J. Leslie Sweeney
Licensed Embalmer No. 7235

P. O. Address. Marshall, Inc.

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.