

FILED JUN 14 1944

State File No. _____

Registration District No. 70944

Primary Registration District No. 54 5406

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Ava Rural Lincoln
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Unknown
 (c) City or town Minneapolis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1917 Emerson
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Lee Henry Gerrard

3. (b) If veteran, name war No 3. (c) Social Security No. 518-14-6415

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

6. (b) Name of husband or wife Muriel Gerrard 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 8, 1886
 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Ass't. Storekeeper

11. Industry or business _____

12. Name Henry Gerrard

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

14. Maiden name Adoline Leone Walcott

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

16. (a) Informant Mrs. Roland Haynes

(b) Address R. 2, Ava, Mo.

17. (a) Burial (b) Date thereof 5-28-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellison Cemetery

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) June 18-1944 (b) Mrs. J. R. Spaulock
 Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1944 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 23, 1944 to May 26, 1944; that I last saw him alive on May 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver

Due to _____

Due to _____

Other conditions _____

(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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature J. L. Gervey (M. D. or other) _____

Address Ava, Mo. Date signed June 2, 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23

44

1056

JUN 16 1944

JUL 27

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..... *W B Hutchison*

Licensed Embalmer No. *3431*

P. O. Address..... *Over 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.