

FILED SEP 6 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5015

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Andrew County
(b) City or town Rural, Lincoln Twp. Near Amazonia
(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 _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Larson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sue Larson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov 7 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Under Sheriff

11. Industry or business _____

12. Name Lars Larson

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Chr: Stiensen

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sue Larson

(b) Address Troy Kans

17. (a) Removal (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Kans

18. (a) Signature of funeral director E. C. Breit

(b) Address Dover, Mo

19. (a) 8-3-44 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Troy
(If outside city or town limits write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 9 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1943 hour ? minute ? M.

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw him alive on July 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to Duck Hunting trip Nov 7
Body found on Mo. River Bank

Due to July 30

Other conditions 183-3
(Include pregnancy within 3 months of death)

Major findings: 36
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 102

(b) Date of occurrence Nov 7-1943

(c) Where did injury occur? Missouri River
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near Amazonia Missouri

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature Clifford L. Stedley (M. D. or other) DO

Address Doddsburg Mo Date signed 7/31/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 26 1945

APR 30 1945

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 E. C. Grech #2650

Licensed Embalmer No.....

P. O. Address.....

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.