

FILED FEB 25 1947

Registration District No. **287**

Primary Registration District No. **5758**

Registrar's No. **8**

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

1. PLACE OF DEATH:
 (a) County Maries
 (b) City or town Rural Miller
 (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
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME George B. Havill
 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 Married
 6. (b) Name of husband or wife Mary Jane Havill 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased 12 31 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown
 { 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Lamberson
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George B. Havill
 (b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 2/17/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodds Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
 (b) Address Dixon, Missouri

19. (a) 2-22-47 (b) Pauline Lambert
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Maries **63**
 (c) City or town Rural **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
 year 1947 hour 7 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from 2-3-1947 to date, 1947
 that I last saw him alive on 2-7, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus Duration weeks
Arteriosclerosis hypertension
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy 97

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 0
 23. Signature P. Douglas (M. D. or other) _____
 Address Dixon - Mo Date signed 18-Feb-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-25-47

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.....

Feb. 14th 1947, Registered Apprentice No.....
working under my personal supervision.

Signed Paul W. Gilbert

Licensed Embalmer No..... 2341

P. O. Address..... Dixon, Missouri

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.