

FILED MAY 19 1947
Registration District No. **374**

Primary Registration District No. **4546**

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **North mo**
(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 **none** (Specify whether
In this community **50 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **North 113**
(c) City or town **North mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **I V E N . H E N R Y . P A C K E R**

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

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **June 6 1865**
(Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **20** If less than one day
hr. min.

9. Birthplace **North Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Whitson Packer**
13. Birthplace **not known**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Evans**
15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joy Pinkerton**
(b) Address **Grant City MO**

17. (a) **Burial** (b) Date thereof **Apr 28 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **prairie Chapel Cemetery**

18. (a) Signature of funeral director **Bran Bros**
(b) Address **Deerfield mo**

19. (a) **May 7 - 1947** (b) **Leta E. Dawson**
(Date received local registrar) (Registrar's signature) **315**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1947** hour **7** minute **30 AM**

21. I hereby certify that I attended the deceased from **Feb 1 1947** to **April 26 1947**
that I last saw him **live on April 26 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**

Due to **2 months**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H²O B**
Of autopsy **H**

Duration

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? **2**

(Specify type of place) While at work
(Specify type of place) Means of injury
23. Signature **Charles N. Williamson** (M. D. or other) **DO**
Address **Deerfield mo** Date signed **5-6-47**

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

13
06

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

J P Brown
Licensed Embalmer No. *2947*

P. O. Address *Cameron, 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.