

FILED NOV 13 1947

Registration District No. 5699

Primary Registration District No. 5699

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Avalon

(c) Name of hospital or institution: Home of Mrs Ed Pearson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 2 weeks (Specify whether)

In this community many years (years, months or days)

3. (a) PRINT FULL NAME George Herr

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marcella Thacker

6. (c) Age of husband or wife if alive 94 years

7. Birth date of deceased February 9<sup>th</sup> 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>8</u>	<u>15</u>	hr. min.

9. Birthplace Linn County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name David Herr

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

14. Maiden name Mary

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

16. (a) Informant Mrs Ed Pearson

(b) Address Avalon, Missouri

17. (a) Burial (b) Date thereof 10/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avalon, Missouri

18. (a) Signature of funeral director Clyford W. Austin

(b) Address Tana, Missouri

19. (a) Oct 25-47 (b) Mrs. Earl Hoss  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Avalon  
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27<sup>th</sup>  
year 1947 hour 4<sup>4</sup> minute 30<sup>00</sup>

21. I hereby certify that I attended the deceased from Oct 1  
1947 to Oct 27 1947  
that I last saw him alive on Oct 15 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to Metastases from

Due to Cancer of face

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 57

Of operations —

Of autopsy —

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? —

(Specify type of place) (e) Means of injury —

23. Signature Dr. Callie (M. D. or other) —

Address Chillicothe, Mo Date signed 10/25/47

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

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..... *Clifford W Austin*

Licensed Embalmer No. *3233*

P. O. Address: *Tenai, 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.