

3-40
7-39
K2318

APR 9 1941

Registration District No. 277

Primary Registration District No. 5610

Registrar's No. 3

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Obon L. Avery Jr

3. (b) If veteran, name war

3. (c) Social security No.

4. Sex Boy 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Dec 25 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 12 hr. min.

9. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Obon L. Avery

13. Birthplace Camden Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Mae Avery

15. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Obon L. Avery

(b) Address Richland, Mo.

17. (a) Burial (b) Date thereof March 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dowdy Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Richland, Mo.

19. (a) March 7 1941 (b) P. E. Coulter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
(c) City or town Rural Mayfield Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1941 hour 7 minute 40 AM

21. I hereby certify that I attended the deceased from March 7 1941 to March 7 1941; that I last saw him alive on March 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 6 days

Due to

Due to 107

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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?

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

23. Signature Overtt A. Oliver (M. D. or other)

Address Richland, Mo Date signed 3/7/41

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

RECEIVED

District Health Officer No. 4

District File Number 4-41-595

Date Filed 4-7-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.