

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27384

State File No.

Registration District No. 156

FILED SEP 1 1942 200-1

Registrar's No. 320

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jonlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether)
In this community 23 Years
years, months or days

3. (a) PRINT FULL NAME Law F Avery
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Avery
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 25, 1872
(Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 7
If less than one day hr. min.

9. Birthplace Bridgewater N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Man Retired

11. Industry or business

12. Name William Avery
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Avery
(b) Address 2704 E. Holla
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Aug-3-4
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Memorial

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502
19. (a) 8-4-42
(Date received local registrar) (b) Augusto Sudhoelter
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jonlin
(If outside city or town limits, write "RURAL")
(d) Street No. 2704 E. Holla
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 1st
year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 12-1 1936 to 8-1-1942
that I last saw him alive on 8-1-42
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Paroxysmal Angina
Due to 7

Due to

Other conditions
(Include pregnancy within 3 months of death)
93d

Major findings:
Of operations
Of autopsy
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
23. Signature (M. D. or other) Date signed 8-3-42

1704 (Licensed Embalmer's Statement on Reverse Side)

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

42.8.7/3

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

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address. *Joplin 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.