

FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27541

1. PLACE OF DEATH

County Lafayette

Registration District No. 172

Township Middleton

Primary Registration District No. 5642

City / (No. /)

St. / Ward /

2. FULL NAME Henry Rudolph Aversman

(a) Residence, No. /

St. /

Ward /

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

5

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buer Erle, Germany

FATHER

13. NAME Henry Aversman,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buer Erle, Germany

MOTHER

15. MAIDEN NAME Margaret Bushman,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Buer Erle, Germany

17. INFORMANT (ADDRESS)

Fred Aversman, Jr., Waverly, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

Alma Luth. Cem.

PLACE Alma, Mo.

DATE 8/13/42.

19. UNDERTAKER (ADDRESS)

A. n. Bremer, Alma, Mo.

20. FILED 8-13-

19 42

Dr. W. A. Brackman  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1942 to Aug. 11, 1942

I last saw him alive on Aug. 10, 1942 Death is said

to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia 4 days

Other contributory causes of importance:

Apoplexy

Cardio-vascular-renal disease

Name of operation none

Date of /

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury /, 19 /

Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify /

(Signed) Geo. A. Kelling, M. D. M. D.

(Address) Waverly, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-7-42

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. 2696.

P. O. Address, Alma, Mo.