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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31055**

ED. OCT. 11 1943

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **249**

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

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Ellis Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 weeks**
(Specify whether)

In this community **Lifetime**
years, months or days

3. (a) PRINT FULL NAME **George A. Avery**

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

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

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

7. Birth date of deceased **September 19, 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **DK** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

MOTHER FATHER { 12. Name **DK**

{ 13. Birthplace **DK** _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name **DK**

{ 15. Birthplace **DK** _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin Kummel**

(b) Address **Willmathsville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/30/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Willmathsville, Mo**

18. (a) Signature of funeral director **Davis Funeral Home**

(b) Address **Kirksville, Mo.**

19. (a) **9/30/43** (Data received local registrar) (b) **Miss J. P. Wayman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**

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

(d) Street No. **Rt. 1, D**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **28**
year **1943** hour **1** minute **30** AM.

21. I hereby certify that I attended the deceased from **3**
12 19**43** to **9-28-** 19**43**
that I last saw ~~him~~ **live on** **9-28-** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tubercular pneumonia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations _____

Of autopsy _____

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? **no**

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

23. Signature **R R Ellis** (M. D. certifier)

Address **Kirksville, Mo.** Date signed **9-28-43**

RECEIVED

District Health Officer No. 10

District File Number 1-43-664

Date Filed OCT 7 1943

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 A. J. Pinn

Licensed Embalmer No. 1407

P. O. Address Keokuk, Ia

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.