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-40
-39
K29159

Registration District No. 14

Primary Registration District No. 4029

Registrar's No. 3

1. PLACE OF DEATH: Barton
 (a) County Barton
 (b) City or town Minden Mines
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 13 years
 years, months or days)

3. (a) PRINT FULL NAME MILTON AVERY
 (b) If veteran, name war NO
 (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife HETTIE AVERY
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased 4-2-1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 17 hr. min.

9. Birthplace DONT KNOW
 (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

MOTHER FATHER {
 12. Name W.M. AVERY
 13. Birthplace DONT KNOW
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY A HARKINS
 15. Birthplace DONT KNOW
 (City, town, or county) (State or foreign country)

16. (a) Informant Hettie Avery
 (b) Address Minden Mines Mo.

17. (a) Burial (b) Date thereof 2-21-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERAL MO.

18. (a) Signature of funeral director John C. Friskel

(b) Address Frontenac, Kans.

19. (a) Feb. 23-1944 (b) Blanche Sackett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County BARTON
 (c) City or town MINDEN MINES
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
 year 1944 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from January 10, 1944 to Feb 17, 1944
 that I last saw him alive on Feb 17, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Throat

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) H50

PHYSICIAN
 Major findings: 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?

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

23. Signature Geo P Gish (M. D. or other)
 Address Minden Mines Mo Date signed 17-44

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

RECEIVED

District Health Officer No. 6;

District File Number 344-334

Date Filed

MAR 15 1944

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. 1775

P. O. Address Frontenac, Kansas

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.