V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 175

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25048

Primary Registration District No. 5649

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town "Rural" Pierce Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community over fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town "Rural" 55
(If outside city or town limits, write "RURAL")

(d) Street No. Pierce Township 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none 11

3. (a) PRINT FULL NAME Cecelia Augustine Avero

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband ~~or wife~~ Joseph Avero

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

7. Birth date of deceased February (Month) 12 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Turin (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Bruno
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Piedmont Valley (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs. Carl Turpin
(b) Address Joplin Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary - Monett Mo

18. (a) Signature of funeral director Callaways
(b) Address Monett Mo

19. (a) 6-4-44 (Date received local registrar) (b) Eunice Greene Cy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on June 2 th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death ___ Duration

Due to Heart attack

Due to ___

Other conditions ___
(Include pregnancy within 3 months of death)

Major findings:
Of operations ___
Of autopsy ___

9502

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

23. Signature Wm Nissell Coroner
Address Pierce City, MO Date signed June 2-1944

1156 (Licensed Embalmer's Statement on Reverse Side)

8 3

RECEIVED
District Health Officer No. 6
District File Number 744-848
Date Filed JUL 17 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. J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.