V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39968

Primary Registration District No. 1002

Registrar's No. 4921

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 622 Benton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 1 (Specify whether

In this community 41 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. Commonwealth Hotel (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Otto Aver

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 28, 1865 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Austria 4 (City, town, or county) (State or foreign country)

10. Usual occupation Realtor

11. Industry or business

FATHER
12. Name Henry H Aver
13. Birthplace Austria 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lorie
15. Birthplace Austria 4 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Aver

(b) Address Goodland Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Louis Funeral Home

(b) Address K.C. Mo

19. (a) Dec 6 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 20" 1941, to Dec 5" 1944 that I last saw him alive on Dec 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death First Cerebral Hemorrhage Second " " Duration 9/20-41 12/5 44

Due to Arterial Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

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) no

(b) Date of occurrence none

(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 [signature] (M. D. or other)

Address 6-E-11 St Date signed 12/6-44

(Licensed Embalmer's Statement on Reverse Side)

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. 8110

P. O. Address K. C. 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.