

S. No. 2
OM-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16247

State File No.

Registration District No. 2 2

Primary Registration District No. 4034

Registrar's No.

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Hume
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community ✓ years, months or days

3. (a) PRINT

FULL NAME JOHN HENRY AUTERY

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

4. Sex MO 5. Color or race White
6. (a) Single, widowed, married, 2 divorced widowed
6. (c) Age of husband or wife if alive Second years
7. Birth date of deceased Oct 8 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 4 hr. min.

9. Birthplace Dakoon Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter "Retired"

11. Industry or business -

- MOTHER FATHER
12. Name Eliza Autery
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mahala unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Autery
(b) Address Hume Mo

17. (a) Burial (b) Date thereof Mar 8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Hume Cemetery

18. (a) Signature of funeral director R. W. McConnell

- (b) Address Hume Mo

19. (a) Mar 8-45 (b) Mrs Margaret Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bates
(c) City or town Hume
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th
year 1945 hour 4 AM minute ✓ M.

21. I hereby certify that I attended the deceased from Feb 1st 1945 to Feb 4 1945
that I last saw him alive on Feb 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Charles D. Inefficiency 1 Week

Due to Hypertension 1945

Due to Arteriosclerosis 1945

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy

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 Wm. A. Allen (M. D.)
Address Hume Date signed 3/7/45

RECEIVED

District Health Officer No. 71

District File Number 4-45-465

Filed 5-25-45

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.

P. O. Address.....

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.