

FILED APR 4 1946

Registration District No. 119

Primary Registration District No. 56674287

Registrar's No. 12

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town TROY
(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 _____ years, months or days

3. (a) PRINT FULL NAME CHARLES DEMETRIUS 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, 2 divorced WIDOWED
6. (b) Name of husband or wife MARCENAE (BLACKMORE) AVERY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 8 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 5 If less than one day hr. _____ min. _____

9. Birthplace LINCOLN Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL AVERY 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name MARTHA SHEETS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. WALTER AVERY
(b) Address TROY MISSOURI

17. (a) CREMATION (b) Date thereof MAR 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREM. ST LOUIS MO

18. (a) Signature of funeral director Memor Funeral Home
(b) Address Troy, Missouri

19. (a) 3-12-46 (b) Mrs. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town TROY
(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 MARCH day 13
year 1946 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Dec 1, 1945
to March 13, 1946
that I last saw him alive on 3-13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial (terminal) Duration 3 days

Due to Senility

Due to _____

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

Major findings: Of operations 107

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury 0

23. Signature HS Harris (M. D. or other) _____
Address Troy, MO Date signed 3-14-46

MAY 21 1947

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..... *Joseph J. Marsh*
Licensed Embalmer No. *3232*
P. O. Address..... *Tray, Missouri*

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.