

**FILED AUG 6 1946**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **175**

427

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

2008

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Wilhite Convalescent Home 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Months  
(Specify whether years, months or days)  
 In this community 10 Years

**3. (a) PRINT FULL NAME** MINNIE AVERY  
**3. (b) If veteran,** None **3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Luther Avery **6. (c) Age of husband or wife if alive** years

**7. Birth date of deceased** 7 - 1 - 1875  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>21</u>	<u>hr. min.</u>

**9. Birthplace** Ottumwa Iowa  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At Home

**11. Industry or business**

**MOTHER FATHER** { **12. Name** W.C. Shockley  
**13. Birthplace** Indiana  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Ann Morrow  
**15. Birthplace** Iowa  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Joe Avery  
**(b) Address** Columbia, Mo.

**17. (a)** Burial **(b) Date thereof** 7-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Myers Chapel

**18. (a) Signature of funeral director** Carver Funeral Service

**(b) Address** Columbia, Mo.

**19. (a)** 7-23-46 **(b) Mrs R E Palmer**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. N. 8th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 22  
 year 1946 hour 7 minute 40 A.M.

**21. I hereby certify that I attended the deceased from** 12-6 1944 to 7-21 1946

that I last saw him alive on 19 \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death: Semile Debility  
Malnutrition Decubitus  
ulcer cranioclype

Due to Paralyzed by sis. Agitation

Due to Upper motor neuron

Other conditions: Pressure

(Include pregnancy within 3 months of death)

**Major findings:**

Of operations: gnc

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) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

**23. Signature** W. H. Watters (M. D. or other) DO

Address Columbia, Mo. Date signed 7-23-46

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
7-21-46  
 Duration 126-44  
8545  
12-6-44  
4 yrs 10 mos

RECEIVED  
District Health Officer No. 9,  
District File Number F-46-19  
Date Filed 2-3-46

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 M. S. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.