. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13086

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 359

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 520 South New 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Richard Bent Avery
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bell Avery
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov. (Month) 18 (Day) 1865 (Year)

8. AGE: Years 81 yrs ~~85~~ Months 4 Days 29 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Charles Avery
13. Birthplace Springfield, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hattie Underhill 1
(b) Address Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.
19. (a) 4-18-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature) 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 th. year 1947 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from 1 March 20, 1947, to April 15, 1947; that I last saw him alive on April 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Arteriosclerosis generalized	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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)
(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 Clyde B Abbott (M. D. ~~or other~~)
Address 2 Fr E Walnut Springfield, Mo. Date signed 4/18/47

(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.....B L McCann.....

Licensed Embalmer No.....2727.....

P. O. Address.....Springfield 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.