

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15001
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 349
 (b) Township Teabo Primary Registration District No. 3-487
 (c) City Calhoun, Mo. (d) Street No. _____ Registered No. 5
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Merrill Gordon Avery
 (a) Residence, No. R. F. D. Calhoun, Mo. Grubbsville (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Helen Avery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry, County, Mo.
 FATHER 13. NAME Chas. Edward Avery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.
 MOTHER 15. MAIDEN NAME Lilia Theresia Merritt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., Mo.
 17. INFORMANT Mr. Earl Avery Grubbs
 (ADDRESS) R. F. D. Calhoun, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sardeth Cemetery DATE April, 20, 1940
 19. FUNERAL DIRECTOR H. C. ...
 (ADDRESS) ...
 20. FILED April 24, 1940 Mrs. Edith J. Simpson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 20th, 1940
 22. I HEREBY CERTIFY, That I viewed body attended deceased from April 20, 1940 to April 20, 1940
 I last saw him live on April 20, 1940 Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:
Bullet wound of head
Self inflicted apparently
 Date of onset 4/20/40
 Other contributory causes of importance: None known.
 Name of operation None Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Self Date of injury April 20, 1940
 Where did injury occur? in his home, Calhoun, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury Bullet wound of head
 Nature of injury ...
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. B. Hughes M. D.
 (Address) Calhoun, Henry County, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 5-40-750
Date Filed 5-6-49

STATEMENT BY LICENSED EMBALMER

I, R. A. Brauninger, Licensed Embalmer No. 3377
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. A. Brauninger
Licensed Embalmer No. 3377

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.)