

Registration District No. 347349

Primary Registration District No. 5487

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Tebo Twsp
(c) Name of hospital or institution: Route # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59 years
In this community 59 years
years, months or days

3. (a) PRINTED FULL NAME Mrs. Lelia T. Avery

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

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas. E. Avery 6. (c) Age of husband or wife if alive December 6 1854 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 9 7 _____ hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)
at home

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Milton B. Merritt
13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Susan Ann Fewell
15. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Avery
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 7-14-42
(Burial, cremation, or removal) (City, town, or county) (State) (Year)
Sardis Cemetery
(c) Place: burial or cremation Henry County, Mo.

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) July 31, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 3, Windsor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 2:20 a m minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 1
1942 to July 13 1942
that I last saw her alive on July 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: cardiac decompensation Duration 1 year
Due to myocardial infarction ?
hypertension ?
Due to _____ ?

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

Major findings: 950
Of operations _____
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 _____

23. Signature Ray Jordan (M. D. or other) _____
Address Windsor Mo. Date signed 7/13/42

1069

RECEIVED

District Health Officer No. 71

District File Number 8-42-821

Date Filed 8-7-42

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.....

Edell Huntow

Licensed Embalmer No.

3391

P. O. Address.....

Union Ave

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.