

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22779**

FILED AUG 10 1944
Registration District No. **1**

Primary Registration District No. **5511**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Fields Creek Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clinton Mo - RFD Fields Creek Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO**
In this community **44 3 - 22** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry 42**
(c) City or town **Clinton - RFD**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural -**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mellie Matilda Ann Avery**

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

5. Color or race **Female Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harry Avery**
6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **March 12 1900**
(Month) (Day) (Year)

8. AGE: Years **44** Months **3** Days **22** If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Pete Sweat**
13. Birthplace **Middleton Co. Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarces Shockley**
15. Birthplace **Van Buren Co. Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Shockley**
(b) Address **Pleasant Hill Mo**

17. (a) **Burial** (b) Date thereof **July 8 - 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Colored Cemetery**

18. (a) Signature of funeral director **Sporn & Son**
(b) Address **Clinton Mo**

19. (a) **July 7 1944** (b) **Georgia Kitchener**
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**
year **1944** hour **5** minute **30 9 M.**

21. I hereby certify that I attended the deceased from **June 30 1944** to **June 25 1944**
that I last saw her alive on **June 25 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **chronic myocardic**

Due to **Excess fatty tissue**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury **—**

23. Signature **R J Powell** (M.D. or other) **0**
Address **Clinton Mo** Date signed **7-7-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4200

1069

1904 9 23 10 11

RECEIVED

District Health Officer No. 7

District File Number 7-44-925

Date Filed 8-9-44

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, ~~emb~~

Registered Apprentice No.

working under my personal supervision.

Signed *W. F. Vassant*

Licensed Embalmer No. 3779

P. O. Address *Clinton*

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.