

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1945

Registration District No. 1391

Primary Registration District No. 3023

Registrar's No. 105

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD
JUN 16 1945

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME FRANK MASON AVERY

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JAN 24 1975
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Moberly Mo A
(City, town, or county) (State or foreign country)

10. Usual occupation Real-Estate

11. Industry or business _____

12. Name JAMES MASON AVERY

13. Birthplace Henry Co Mo U
(City, town, or county) (State or foreign country)

14. Maiden name Gertie Woolfolk

15. Birthplace Henry Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Haysler A Perque

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof May 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton Mo

19. (a) May 18 (b) Wynette Brown
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 12 1944 to May 5 1945

that I last saw him alive on July 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____

Arrival and believe

Due to death was caused by

Coronary occlusion for

Due to he complained of pain in chest

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

Signature W. H. Hatterquist M.D.

Address Clinton Mo Date signed 5/18/45

JUN 1 9 1 AM '66

RECEIVED

Office No. 7

Date Filed 5-45-66

6-13-66

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, ~~_____~~

Registered Apprentice No. _____

working under my personal supervision.

Signed *H. J. 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.