

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24196

State File No. _____
Registrar's No. 22

FILED AUG 8 1946
Registration District No. 165

Primary Registration District No. 4253 #252 5-6.02-

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Chilhowee
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Chilhowee 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James H. Avery

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sally

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Jan. 12 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 4 25 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business X

MOTHER FATHER {

12. Name Lou Avery 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Alvert Avery

(b) Address Kansas City

17. (a) Burial (b) Date thereof 7/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tebow Cem.

18. (a) Signature of funeral director J. W. Cook

(b) Address Chilhowee, Mo.

19. (a) 7/8/46 (b) Mrs. Memie A. Hanes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946 to July 6, 1946
that I last saw him alive on July 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of right foot

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy 97

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? _____

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

23. Signature E. H. Robinson (M. D. or other) 20
Address Chilhowee Date signed 7/7/46

148

(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 _____

Licensed Embalmer No. 4235

P. O. Address Chelton, 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.