

S. No. 2
M-5-43
r. 5-17-39
p I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26950

State File No.

FILED AUG 27 1946

Registration District No. 107

Primary Registration District No. 4218

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Route #3, WINDSOR 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 6
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Serenna Estella Avery

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Robt. W. Avery 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 28, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>16</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1946 hour 6 minute 0 p. M.

21. I hereby certify that I attended the deceased from 8-11 to 8-13 1946 that I last saw her alive on 8-13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days

Due to.....

Due to.....

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 83a

Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation at home

11. Industry or business " "

MOTHER { 12. Name Milton B. Merritt

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

14. Maiden name Susan Rewell
(City, town, or county) (State or foreign country)

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Avery

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof 8-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sardis Cemetery

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) 8-20-46 (b) R. H. Kennedy
(Date received local registrar) (Registrar's signature)

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? 1 (Specify type of place) (e) Means of injury.....

23. Signature Raj B Jordan (M. D. or other) 1

Address Windsor Mo Date signed 8-16-46

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

25792

120

RECEIVED

District Health Officer No. 7.

District File Number 7-76-882

Date Filed 8-26-46

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 Edwin Hutton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.