

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8450
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 45
 (c) City Nevada or (d) Street No. 813 E. Ashland St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 43 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis A. Avis
 (a) Residence, No. 813 E Ashland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jona Avis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Brakeman

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) July 30, 1938 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour, Illinois

FATHER 13. NAME William Avis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Jane Langundy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

17. INFORMANT (ADDRESS) Mrs. Jona Avis Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Country DATE Feb 10, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED 2/13 1940 Allen V. Mayo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1940, to Feb 8, 1940.
 Last saw him alive on Feb 8, 1940. Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset Jan 31, 1940

Other contributory causes of importance: Don't know.

Name of operation none Date of 1

What test confirmed diagnosis? Exam. Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) M. Love, M. D.

(Address) Nevada, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 10 1940

6208

50M-9-19-33 I X 16605

SEP 9 1949

RECEIVED
District Health Officer No. 7,
District No. 3-44-356
Date filed 3-4-40

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 Personally

....., Registered Apprentice No.

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Yvada, 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, above space should be left blank.