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FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31744

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 157

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(c) Name of hospital or institution: Veterans Administration Facility
(d) Length of stay: In hospital or institution 8 hrs. 20 min.
In this community same

3. (a) PRINT FULL NAME Royal Avery
(b) If veteran, name war World War
(c) Social Security No. Unknown-if one

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 27, 1888

8. AGE: Years Months Days If less than one day
52 6 28 hr. min.

9. Birthplace Salisbury, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER {
12. Name James Avery
13. Birthplace Michigan
14. Maiden name Amelia Montgomery
15. Birthplace Missouri

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Salisbury, Mo. (b) Date thereof 9-24-40
(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director GEORGE B. WINKELMEYER
(b) Address Salisbury, Mo.

19. (a) Sept 24-1940 (b) Mr. R. M. Cricken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Salisbury
(d) Street No. --
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 24th day Sept.
year 1940 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 23, 1940 to Sept. 24, 1940;
that I last saw h. im alive on Sept. 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Acidosis
Due to Diabetes mellitus

Due to _____
Other conditions _____
Major findings: Of operations None
Of autopsy None

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? ---
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

23. Signature W.A. German (M. D. or other) M. D.
Address Veterans Administration Facility
Date 9-24-40

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number 10-9-40
Date Filed

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.....

EM

Registered Apprentice No.

working under my personal supervision.

Signed *Frank P. Kinkadee*

Licensed Embalmer No. *3980*

P. O. Address *Salisbury, Md.*

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.