

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 10 1948  
Registration District No. 196

Primary Registration District No. 5-568

Registrar's No. 36

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
Rural - Blue Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 months 17 days years, months or days)

**3. (a) PRINT FULL NAME:** DOLORES AVILA

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

4. Sex Female 5. Color or race Mexican 6. (a) Single, widowed, married, divorced - d

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: NOV 10 1942 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
02	2	17	hr. min.

9. Birthplace: Little Blue MO (City, town, or county) (State or foreign country)

10. Usual occupation: child

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name: Herman Avila

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

14. Maiden name: Felice Arenivas

15. Birthplace: Red Mexico (City, town, or county) (State or foreign country)

16. (a) Informant: Herman Avila  
(b) Address: Cement City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem.

18. (a) Signature of funeral director: Geo. C. Carson  
(b) Address: Independence, Mo.

JAN-28-43 (Date received local registrar) (c) James W. Ross (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: no

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 27  
year 1943 hour 3:10 minute A.M.

21. I hereby certify that I attended the deceased from Dec 16th 1943 to Jan 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: labor pneumonia 2 da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) Manner of injury \_\_\_\_\_

23. Signature: J. H. Hunsaker (M.D. or other) M.D.  
Address: Independence, Mo. Date signed: 1-27-43

**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 None.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

No Embalming  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**