

S. No. 2
M-2-43
5-17-39
I X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10901
Registrar's No. 8

FILED APR 5 1944
Registration District No. 5/1944

Primary Registration District No. 5426

600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural-Pacific - Boles Corp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD, #2 Pacific, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether
in this community _____ 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Rural-Pacific 11
(If outside city or town limits, write "RURAL")
(d) Street No. RFD, #2 Pacific, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE E. AVERY
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1
year 1944 hour 11 minute 45 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph T. Avery
6. (c) Age of husband or wife if alive 70 about
7. Birth date of deceased December 2 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 26, 1944 to Mar 1, 1944
that I last saw h.e.r. alive on Feb 29, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 2 Days 29
If less than one day hr. _____ min. _____

Immediate cause of death Coronary embolism due to infarction Duration _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to Hypertension
Due to _____

10. Usual occupation Housewife

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

11. Industry or business At home

Major findings: Of operations X
Of autopsy X
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Adam Weber
13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Soderer
15. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

16. (e) Informant Joe Avery
(b) Address Pacific, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Mar. 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place; burial or cremation Pacific, Mo.

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

18. (a) Signature of funeral director [Signature]
(b) Address Pacific, Mo.

23. Signature [Signature] (M. D. or other) MD.
Address Pacific, Mo. Date signed 3-3-44

19. (a) 3/3/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MAY 7 1953

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-44

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 Joe L. Wheeler

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.