No. 300
I—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8864

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1196

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1212 Euclid
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Euclid 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Avery Pelton

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgia Mae Pelton

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased January (Month) - 1 (Day) - 1925 (Year)

8. AGE: Years 23 | Months 2 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Freestone Co. (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Andrew Pelton
13. Birthplace Freestone Co. (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Lillian Glasco
15. Birthplace Freestone Co. (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Andrew Pelton
(b) Address R.1, Box 169, Teague, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/16/'48 (Month) (Day) (Year)
(c) Place: burial or cremation Teague, Texas

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 3-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1948 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration

Due to Internal Hemorrhage

Due to Multiple Gun Shot Wounds

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

Major findings:
Of operations 166

Of autopsy No Permit

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) Homicide
(b) Date of occurrence 3-12-48
(c) Where did injury occur? K. C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 1212 Euclid (Specify type of place)
While at work? ..... (e) Means of injury Gun Shot

23. Signature J. Williams (M. D. or other) NO
Address 2634 Brooklyn Date signed 3-16-48

(Licensed Embalmer's Statement on Reverse Side)

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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Cit

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.