

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **26129**
 Registrar's No. **3139**

Registration District No. **149**

Primary Registration District No. **1002**

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 **GENERAL HOSPITAL NO. 2** **0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 DAYS**
(Specify whether in this community years, months or days) **26 YRS.**

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. **1612 E. 10TH ST.** **8**
(If rural, give location) **0**
 (e) Citizen of foreign country? **NO** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **WALDO AVERY**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **28**, year **1948** hour **10:** minute **05 P. M.**

4. Sex **MALE** **2** 5. Color or race **NEGRO**
 6. (a) Single, widowed, married, divorced **SINGLE**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year) **14, 1909**

21. I hereby certify that I attended the deceased from **JULY 22,** 19 **48** **to** **JULY 28,** 19 **48**; that I last saw him alive on **JULY 28,** 19 **48**; and that death occurred on the date and hour stated above.

7. Birth date of deceased: **OCTOBER 14, 1909**
(Month) (Day) (Year)

Immediate cause of death **MILITARY TUBERCULOSIS** **22a**
 Duration _____

8. AGE: Years **38** Months **9** Days **14** If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace: **WINDSOR MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions **22a**
(Include pregnancy within 3 months of death)

10. Usual occupation: **LABORER**

Major findings:
 Of operations _____

11. Industry or business: _____

Of autopsy **SAME AS ABOVE**
 Underline the cause to which death should be charged statistically.

12. Name: **MONTIE AVERY**
13. Birthplace: **WINDSOR MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name: **ADELINE GREEN**
15. Birthplace: **WINDSOR MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant: **ADELINE JACKSON (MOTHER)**
 (b) Address **1612 E. 10TH ST.**

17. (a) Burial (b) Date thereof **8-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cem**
18. (a) Signature of funeral director: **E. Stahling Bell**

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? _____

(b) Address **1212 Pine St. C. 148**
19. (a) 8-2-48 (b) **Geraldine Holmer**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature: **G. O. Kelly** (M. D. or other) **0**
 Address **GENERAL HOSPITAL NO. 2** Date signed **7/29/48**

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

MOTHER FATHER

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.....

Leonard Huff....., Registered Apprentice No. 224
working under my personal supervision.

Signed E. Sterling Bell
Licensed Embalmer No. 3178
P. O. Address 1212 Pine KC

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.