

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24960

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 83
(b) Township Osage Primary Registration District No. 8082
(c) City Rich Hill (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harlan Gene Ayres

(a) Residence, No. Rich Hill Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rich Hill, Missouri
(STATE OR COUNTRY)

13. NAME Charles H. Ayres

14. BIRTHPLACE (CITY OR TOWN) Bates County
(STATE OR COUNTRY)

15. MAIDEN NAME Hazel B. Teasper

16. BIRTHPLACE (CITY OR TOWN) Bates County
(STATE OR COUNTRY)

17. INFORMANT Charles H. Ayers
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE July, 21

19. FUNERAL DIRECTOR (NAME) Booth
(ADDRESS) Rich Hill, Missouri

20. FILED Aug. 8, 1939 Clayton J. Allen M.D.
R.S. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

I HEREBY CERTIFY That I attended deceased from July 18th 1939 to July 20th 1939
I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:

Premature - probably less than 7 months

Other contributory causes of importance: 154

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) L. D. La Rue _____, M. D.
(Address) Bates Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1207
Date Filed 8-9-39

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.....

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, above space should be left blank.