

EMER OCT 23 1940  
Registration District No. 833

Primary Registration District No. 6096

Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Lancaster  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 6 yrs years, months or days)

3. (a) PRINT FULL NAME Samuel Cleveland Ayer

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 2

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erene Ayer 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 13 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Lancaster Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name James Robert Ayer

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

14. Maiden name Lillian Myers

15. Birthplace Gowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Ayer

(b) Address Lancaster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Lancaster Mo.

18. (a) Signature of funeral director Mellon-Barker

(b) Address Shelby Mo.

19. (a) Sept 23 (Date received local registrar) (b) Miss E. N. Gerard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? all his life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 22 day 1940 year 7 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration 7 yrs

Due to 93C

Due to 93C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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) Means of injury 2

23. Signature A. L. Simpson (M. D. or other) Do

Address Shelby Mo. Date signed

298  
C  
1108  
RECEIVED

District Health Officer No. 10

District File Number 10-40-1943

Date Filed OCT-18-1940

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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, W. H. Hawkins

3498, Registered Apprentice No. 3498,  
working under my personal supervision.

Signed

W. H. Hawkins

Licensed Embalmer No.

3498

P. O. Address

Bethel 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, above space should be left blank.