

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED NOV 26 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36573

State File No.

Registration District No. 849

Primary Registration District No. 6129

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Rural Buchanan Township  
(If outside city or town limits, write "RURAL" and name of township)  
(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 ✓ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Carrie Etta Ayers

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Welcome Ayers 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 6 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 6 If less than one day  
hr. min.

9. Birthplace Putman Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John W. Shaver  
13. Birthplace Putman Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine McCoy  
15. Birthplace Coshocton Co. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil L. Ayers  
(b) Address R-2 Green City Mo  
17. (a) Burial (b) Date thereof Oct. 14, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director Wm E. Reubens

(b) Address Green City Mo

19. (a) Oct 31 1940 (b) Virgil L. Ayers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Green City  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12<sup>th</sup>  
year 1940 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from 9-29  
1940, to 10-12, 1940  
that I last saw her alive on 10-10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease  
Duration 2 months

Due to

Due to

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

23. Signature W. E. Schure (Dr. D. or other)  
Address Green City Mo Date signed 10-14-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2022

Date Filed NOV 8 1940

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.....

*Archie W. Wade*

Licensed Embalmer No. 3037

P. O. Address Greenbush

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.