

JUL 14 1941

Registration District No. 682

Primary Registration District No. 5901

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. PIKE
(b) City or town. BUSCH Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community. Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pike 82
(c) City or town. BUSCH Salt River
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME. JOHN HYERS

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Mary Ayers 6. (c) Age of husband or wife if alive. 60 years
7. Birth date of deceased. April 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 8 hr. _____ min.

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

10. Usual occupation. Retired Laborer

11. Industry or business. TIMBER WORK

12. Name. William Ayers
13. Birthplace. Ohio
(City, town, or county) (State or foreign country)
14. Maiden name. Eliza Robinson
15. Birthplace. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary Ayers
(b) Address. 2 Busch Mo.

17. (a) Burial (b) Date thereof. 6/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. ASHBURN, Mo.

18. (a) Signature of funeral director. Ray P. Schwartz
(b) Address. Hannibal Mo.

19. (a) JUNE 13-1941 (b) E. Lewis Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1941 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from July 7 1940 to June 12 1941
that I last saw him alive on May 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Organic heart lesion Duration _____

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. 0

23. Signature. O. W. Ford (M. D. or other) _____
Address. Frankford, Mo. Date signed. 6/13/41

RECEIVED

District Health Officer No. 10-

District File Number 107-41-1214

Date Filed JUL 10 1941

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 _____

Ray P. Schwartz
working under my personal supervision.

Registered Apprentice No. 1765

Signed _____

Licensed Embalmer No. _____

P. O. Address Hannibal, Mo.

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, above space should be left blank.