

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
UG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24951

District No. 1741 Primary Registration District No. 583-1-550 Registrar's No.

1. PLACE OF DEATH:
(a) County Dade South Twsp.
(b) City or town So. Greenfield, Mo. Rural
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Three days / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur Bert Ayers
(b) If veteran, name war (c) Social Security No.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced divorce
(b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 18, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 27 3 hr. min.

9. Birthplace Minneapolis, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name A. B. Ayers.
13. Birthplace Hamilton, Ontario, Canada.
(City, town, or county) (State or foreign country)
14. Maiden name E. Jennie Barron
15. Birthplace Hillsdale, Michigan.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address

17. (a) Burial (b) Date thereof July 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield, Mo.
19. (a) 8-2-1941 (b) Geo. L. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town So. Greenfield, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles south.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1941, to July 21, 1941, that I last saw him alive on July 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Diseased Coronary Arteries
Angina Pectoris
Due to No father symptoms or history to be had.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy No

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 J. T. Drisdorf (M. D. or other)
Address Greenfield, Mo. Date signed 7/31/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

J. W. Ward

Licensed Embalmer No..... *2832*

P. O. Address..... *Greenfield, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24951

Registration District No. 1191

Primary Registration District No. 5331

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Madison
(b) City or town Greenfield Rural
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Arthur B. Ayers

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mr. Luther Jones

(b) Address So Greenfield Mo

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-2-1941 (b) Geo. L. Weir
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

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

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

S-24951