

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38847

State File No.

Registration District No. EVER DEC 5 1941

Primary Registration District No. 5-7554330

Registrar's No. 5-8 5-9

1. PLACE OF DEATH:

(a) County Mullen  
(b) City or town Eldon, Iowa  
(c) Name of hospital or institution:  
Eldon Hospital  
(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 Deloris Dean Ayers

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

4. Sex Female, race W 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 4 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 5 27 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Harry Dean Ayers  
13. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Betty Dean  
15. Birthplace Richland Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dean Ayers  
(b) Address Lake Ozark, Mo.

17. (a) Buried (b) Date thereof 12-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Philip H. Hume

(b) Address Eldon, Mo.

19. (a) 12-2-41 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mullen  
(c) City or town Lake Ozark, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1  
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
Sept. 1941 to December 1 1941  
that I last saw her alive on Nov. 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis Duration 4 days  
Due to Tuberculosis of hip joint 4 mos  
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 James H. Allen (M. D. or other) MD  
Address Eldon Mo Date signed 12-2-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Miller County Health Dep't.  
County File Number 41-113  
Date Filed 12/6/41

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.....

Louis D Phillips, Registered Apprentice No.....  
working under my personal supervision.

Signed

Louis D Phillips  
Licensed Embalmer No. 3663

P. O. Address Bedford

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.