

No. 2
1-4-41
17-39
X23390

State File No. _____

DEC 23 1941 797

Registration District No. 797

Primary Registration District No. 4477

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Miami Tenn
(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 _____
In this community all life! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline ⁰⁹⁷
(c) City or town Miami ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Sarah Ayres
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 A
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 24 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 19 hr. min.

9. Birthplace Miami (City, town, or county) (State or foreign country) ⁰

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bertie Haynie
13. Birthplace Virg (City, town, or county) (State or foreign country) ¹
14. Maiden name Emily Hays
15. Birthplace Virg (City, town, or county) (State or foreign country) ¹

16. (a) Informant A M Ayres
(b) Address MIAMI MO

17. (a) _____ (b) Date there Nov. 13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Campbell-Reis
(b) Address MIAMI MO

19. (a) Nov. 14 41 (b) Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 12
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Jan 7 1941 to Nov 12 1941
and that death occurred on the date and hour stated above.
that I last saw her alive on Nov 11 1941

Immediate cause of death arterio-sclerosis ^{Duration}
(Balance of life) ¹⁶⁻¹⁸

Due to _____

Due to 92a

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

Major findings: Of operations no operations
Of autopsy none

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 Reginald Sallows (M. D. or other) ⁰
Address Miami Mo Date signed 11/12/41

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 12-19-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. Campbell

Licensed Embalmer No. *3469*

P. O. Address *Marshall, Md.*

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, fact should be so stated above.