

20999

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5322

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Greene North Township  
(b) City or town Greenfield, Mo. Rural  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

(Specify whether

In this community \_\_\_\_\_ 25 years \_\_\_\_\_  
years, months or days)3. (a) PRINT FULL NAME Matilda Cassann Ayles

3. (b) If veteran, \_\_\_\_\_

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced, widow6. (b) Name of husband or wife James Ayles 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Feb 14 1855  
(Month) (Day) (Year)8. AGE: Years 87 Months 3 Days 12 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Caturig Co. Georgia  
(City, town, or county) (State or foreign country)10. Usual occupation House keeping

11. Industry or business \_\_\_\_\_

12. Name Joel Beach13. Birthplace Burk Co. N.C.  
(City, town, or county) (State or foreign country)14. Maiden name Delpha T. Clark15. Birthplace Haywood Co. N.C.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Watson(b) Address Greenfield, Mo.17. (a) Burial (b) Date thereof 5/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Grove Cem18. (a) Signature of funeral director G. W. Ward(b) Address Greenfield, Mo.19. (a) 6-18-42 (b) Nora Ayles  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene(c) City or town Greenfield, Mo. Rural  
(If outside city or town limits, write "RURAL")(d) Street No. 7 mi North  
(If rural, give location)(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1942 hour 4 minute A M.21. I hereby certify that I attended the deceased from May 26  
2:30, 1942 to May 26, 1942  
that I last saw her alive on 3/10/1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocarditis

Due to \_\_\_\_\_

Chronic Interstitial

Due to \_\_\_\_\_

Nephritis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1310

Underline the cause to which death should be charged statistically

PHYSICIAN \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature T. J. Orsdel (M. D. Orsdel)Address Greenfield, Mo. Date signed \_\_\_\_\_

1253 (Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39  
U.S. GPO: 1939-1

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.

**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..... *G. A. Ward*.....  
Licensed Embalmer No..... *2832*.....  
P. O. Address..... *Greenfield, Mass.*.....

**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.**