

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18216

Registration District No. 177

Primary Registration District No. 4267

Registrar's No. 20

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town ODESSA MO  
(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 8 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME ORA PEARL AILOR

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 MARRIED  
6. (b) Name of husband or wife GEORGE AILOR 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased SEPT 27 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 26 If less than one day hr. min.

9. Birthplace BATES CITY MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name HENRY M. DAVIDSON  
13. Birthplace STATE OF ILLINOIS (City, town, or county) (State or foreign country)  
14. Maiden name MARY E. BLOUNCH  
15. Birthplace JOHNSON COUNTY MO (City, town, or county) (State or foreign country)

16. (a) Informant GEORGE AILOR

(b) Address ODESSA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation SNI MILLS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) MAY 24 1943 (Date received local registrar) (b) Mrs W. F. BARN (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town ODESSA MO (If outside city or town limits, write "RURAL")  
(d) Street No. 722 WEST MASON (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23 year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 15 1943 to MAY 23 1943

that I last saw him alive on April 15 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
1st 9th through 11th  
Q. Dr. J. J. McElhinney

Due to —

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy in autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? in injury (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 Dr. J. J. McElhinney (M.D. or other)

Address ODESSA MO Date signed 5-24-43

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed ..... 6-7-43 .....

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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..... *Mr* .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *E. S. James* .....

Licensed Embalmer No. *2058* .....

P. O. Address *Concordia, 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, fact should be so stated above.