

SEP 7 1943

Registration District No. 149

Primary Registration District No. 1007

Registrar's No. 3671

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
The Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mrs., 2 wks.
(Specify whether)
 In this community 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Pick Hill
(If outside city or town limits, write "RURAL")
 (d) Street No. West Park Ave
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Mary Louise Ayres

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 28 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Ayres
 13. Birthplace Wymen Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Hazel Kasper
 15. Birthplace Osida Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ayres
 (b) Address Pick Hill Mo

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

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director [Signature]
 (b) Address [Address]

19. (a) 8-25-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST Day 23
 year 1943 hour 10 minute 10 A.M.
 21. I hereby certify that I attended the deceased from JUNE 4
1943 to AUGUST 23, 1943
 that I last saw her alive on AUGUST 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem
 Duration _____

Due to 1. Atrophy & marked emaciation
2. Bronchopneumonia
3. atelectasis
 Other conditions 4. abdominal distention
(Include age and sex of decedent)
 Major finding passive congestion
 Of operations 7. proctia
 Of autopsy 107

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?
(Specify type of place)

While at work? _____
 23. Signature John H. Hoskins M.D.
 Address Mary Child, Hoop Date signed 8-23-43

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

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..... *[Handwritten Signature]*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.