

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28719

State File No.

Registration District No. 204

Primary Registration District No. 4315

Registrar's No.

1. PLACE OF DEATH:

(a) County Macoupin
(b) City or town Lallata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution L (Specify whether
In this community 86 yrs years, months or days)

3. (a) PRINT FULL NAME

John Andrew Ayers
3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lallata 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Mar 22 - 1853 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 27 hr. min.

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

10. Usual occupation Retired Business Mo

11. Industry or business clothing

12. Name Joseph Ayers

13. Birthplace Tennaker (City, town, or county) (State or foreign country)

14. Maiden name Lallata Shelton

15. Birthplace Tennaker (City, town, or county) (State or foreign country)

16. (a) Informant Lura & Daniel

(b) Address Lallata Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lallata

18. (a) Signature of funeral director D. S. Christen

(b) Address Lallata Mo

19. (a) 8-20-43 (Date received local registrar) (b) Miss Louch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macoupin 61
(c) City or town Lallata 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. L (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1943 hour 3 a.m. minute L M.

21. I hereby certify that I attended the deceased from June 30, 1948, to Aug 19, 1948.
that I last saw him alive on Aug 17, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Gen Arterio Sclerosis
Due to L

Due to L

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy L

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) L
(b) Date of occurrence L
(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? L (Specify type of place) (e) Means of injury L

23. Signature A. O. Newton (M. D. or other) 8

Address Lallata Mo Date signed 21/43

133 (Licensed Embalmer's Statement on Reverse Side)

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

D. S. Christie

Licensed Embalmer No.

1109

P. O. Address

La Plata, 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.