

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29441

State File No.

Registrar's No.

FILED SEP 13 1943

Registration District No. 324

Primary Registration District No. 6093

166

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saline County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Ayers

3. (b) If veteran, name war

3. (c) Social Security No.

None

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

Widowed

6. (b) Name of husband or wife

Clara Ayers

6. (c) Age of husband or wife if alive

years

7. Birth date of deceased

Feb.

25th, 1857

8. AGE:

Years

Months

Days

If less than one day

86

5

13

hr. min.

9. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name Peter N. Ayers

13. Birthplace Dont Know

(City, town, or county)

14. Maiden name Elvira Jane Norvell

(State or foreign country)

15. Birthplace Dont Know

(City, town, or county)

(State or foreign country)

16. (a) Informant Saline County Home Records

(b) Address Marshall, Mo.

17. (a) Bural

(Burial, cremation, or removal)

(b) Date thereof Aug. 20, 1943

(Month) (Day) (Year)

(c) Place: burial or cremation Saline County Home

18. (a) Signature of funeral director Campbell

(b) Address Marshall, Mo.

19. (a) Aug 20 43

(Date received local registrar)

(b) Mrs. E. W. West

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Saline County Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18
year 1943 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Aug 18 1943
that I last saw him alive on Aug 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio-Renal Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) None
(b) Date of occurrence None
(c) Where did injury occur? None
(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)

(c) Means of injury

23. Signature Robert L. Lewis

(M. D. or other)

Address Marshall, Mo.

Date signed 8/19/43

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

RECEIVED
District Health Officer No. 8,
Index File Number
Filed 9-10-43

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. W. Campbell

Licensed Embalmer No. *3465*

P. O. Address.....

Marshall, Ind.

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.