

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32732

State File No. _____

Registrar's No. 91

FILED OCT 7 1943

Registration District No. 3437

Primary Registration District No. 6145

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Salt River - Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Julia Ayers

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 25 hr. min.

9. Birthplace Shelbina, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Same

12. Name Mort D. Ayers

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

14. Maiden name Annie Miller

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

16. (a) Informant Mrs. James Greening

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 10-1-1943
(Burial, cremation or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Mellon & Barthelmer

(b) Address Shelbina, Mo.

19. (a) Oct 5 - 43 (b) Margaret
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 43 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 7-16-42 to 9-16-43
that I last saw her alive on 9-16-43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Ovarian Duration 8 Mo.

Due to _____

Due to 49a

Other conditions 49a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature R. M. Hook (M. D. or other) _____

Address Shelbina, Mo. Date signed 10-5-43

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

OCT 20 1943

OCT 17 1943

OCT 18 1943

RECEIVED

District Health Officer No. 10

District File Number 10-43-1637

Date Filed OCT 6 1943

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 EW Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne, 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.