

No. 2
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-17-39
X35697

FILED MAR 6 1944
Registration District No. **6**

Primary Registration District No. **5258**

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South of Fordland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Preston Louie Ayers

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-05-6378

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Velma Ayers 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Mar 6 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

41	10	22	hr. min.
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9. Birthplace Christian Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A. Ayers

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

14. Maiden name Fanny Williams

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

16. (a) Informant Mrs Velma Ayers

(b) Address Fordland Mo

17. (a) Burial (b) Date thereof Jan 25 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Lane

18. (a) Signature of funeral director Kelley - Ferrell

(b) Address Deymous Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 8 minute 10 M.

21. I hereby certify that I attended the deceased from 1/3 1944 to 1/26 1944
that I last saw him alive on 1/20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration 3 wks

Due to Pulmonary Tuberculosis 4 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1381

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature J. E. Blinn (M. D. or other) DO.
Address Fordland, Mo Date signed 2/2/44

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.....

H. H. Kelley

Licensed Embalmer No.....

3334

P. O. Address.....

Geysmons 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 63

Registration District No. 107 Primary Registration District No. 5258

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural South of Fordland
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian
(c) City or town Rural South of Fordland
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Preston Louis Ayers
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 26
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary hemorrhage

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Velma 6. (c) Age of husband or wife if alive _____ years

Duration 3 wks
Due to Pulmonary tuberculosis 4 yrs

8. AGE: Years 41 Months 10 Days 22 If less than one day, _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Due to _____

10. Usual occupation Farmer
11. Industry or business _____
12. Name John A
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Velma
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant mo Velma Ayers
(b) Address Fordland Mo
17. (a) _____ (b) Date thereof Jan 28 44
(c) Place: burial or cremation Union Chapel Cem
18. (a) Signature of funeral director Kelly Terrell
(b) Address Fordland Mo
19. (a) 3-10-1944 (b) Mrs S. M. Johnson
(Date received local registrar) (Registrar's signature)

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) _____ (Means of injury)
23. Signature J. E. Blum (M. D. or other) 200
Address Fordland, Mo Date signed _____

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

WAR 1917-1918

SUPPLEMENTAL

08105