No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11200

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Walter Charles Ayre

3. (b) If veteran, name war ✓

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lottie Ayre

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 30 (Day) 1883 (Year)

8. AGE: Years 60 Months 7 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Oronogo (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Oronogo Mutual Mine

FATHER
12. Name Charles Ayre 4
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Jennie Ellis 0
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Storm
(b) Address Pittsburg Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26 (Month) 1944 (Day) (Year)
(c) Place: burial or cremation Weaver Cemetery

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Mar. 25, 1944 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 23
year 1944 hour 12.15 minute P M.

21. I hereby certify that I attended the deceased from Feb. 14, 1944, to March 23, 1944
that I last saw h. in alive on March 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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.

83a

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? ..... (e) Means of injury .....

23. Signature M S Slaughter 2 hr 0 (M. D. or other)

Address Webb City Mo Date signed 3-24-44

11 50

(Licensed Embalmer's Statement on Reverse Side)

44-3308

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Webb City, 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.