V. S. No. 2
0M—9-4-41
Rev. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

PREMATURE BIRTH

34515

State File No.

FILED NOV 4/1943

Registration District No.

Primary Registration District No. 3029

Registrar's No. 120

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town CRYSTAL CITY
(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 1 (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town CRYSTAL CITY 50 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CAROL SUE AYERS

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased November 29, 1943
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	—	3 hr. ... min.

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

10. Usual occupation Premature Infant

11. Industry or business

MOTHER FATHER

12. Name Wilfred Ayers

13. Birthplace Crystal City, Mo 9
(City, town, or county) (State or foreign country)

14. Maiden name Louise Dutton

15. Birthplace St Genevieve County 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wilfred Ayers

(b) Address Crystal City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Arthur W. Poelle

(b) Address Crystal City, Mo

19. (a) Dec. 6 1943 (Date received local registrar) (b) Lillie Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 29
year 1943 hour 1 minute 50A M.

21. I hereby certify that I attended the deceased from Nov 28 1943 to Nov 29 1943
that I last saw her alive on Nov 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth at 6th month of gestation	
Due to	
Due to 159	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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 0

(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 J. Ferguson M.D. (M. D. or other)

Address Crystal City Mo Date signed Nov 29/43

1354 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 11-2-44

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 Gentry R. Pabitte

Licensed Embalmer No. 3481

P. O. Address Crystal 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.