

FILED NOV 28 1944

Registration District No. 756

Primary Registration District No. 2001

State File No.

Registrar's No. 541

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William James Ayers

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Nov 7 1944
(Month) (Day) (Year)

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

9. Birthplace Freeman Hospital Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name William Ayers
13. Birthplace Whitewater Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cara Mae Triplett
15. Birthplace Barcoyne Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Ayers
(b) Address 212 E. 13th St

17. (a) Burial (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Therrell Dillon
(b) Address 428 W. Wall St

19. (a) 10-13-44 (b) Gertie S. Sutholtz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. Freeman Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1944 hour 7 minute 18 a M.
21. I hereby certify that I attended the deceased from 11-7-1944 to 11-10-1944
that I last saw him alive on 11-9- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death bleeding - ?
Due to uterine hemorrhage before birth.
Due to

Other conditions 16/10
(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?

(Specify type of place)
While at work? (e) Means of injury 1
23. Signature Ed Jarman (M. D. certificate)
Address Joplin Mo Date signed 11-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

512

1028

44-11-943

4-11-43
A 1 2 3 4 5 6 7

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 Paul A. Harshell
Licensed Embalmer No. 3590
P. O. Address Joplin 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.