

No. 2
45-42
-17-39
X32873

FILED DEC 8 1944

Registration District No. 9 114 Primary Registration District No. 5-638 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Bates City High way # 40
(c) Name of hospital or institution 1/2 m N. Bates City
(d) Length of stay: In hospital or institution 20 yrs -
In this community 20 yrs -

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Bates City (Rural)
(d) Street No. 2 1/2 m S.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Hugh L. 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 Married
6. (b) Name of husband or wife Pozelle
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov-22-1889

8. AGE: Years 54 Months 10 Days 24
If less than one day --- hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Charles Ayers
13. Birthplace Ohio
14. Maiden name M. Ma
15. Birthplace Lexington Mo

16. (a) Informant Rev. Pozelle
(b) Address Bates City Mo

17. (a) Burial (b) Date thereof Nov-18-44
(c) Place: burial or cremation Bluesprings Mo

18. (a) Signature of funeral director M. E. Bunker, Sr.
(b) Address Oak Grove Mo

19. (a) Nov-28-1944 (b) W. F. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from called in final capacity as coroner 19--- to 19---
that I last saw --- alive on --- 19---
and that death occurred on the date and hour stated above.

Immediate cause of death struck by motor car on M 40 highway Bates City Mo
Due to coroner's jury verdict "unavoidable accident"
Due to ---

Other conditions (include pregnancy within 3 months of death) ---

Major findings: Of operations ---
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Wounded by motor car
(b) Date of occurrence 10-16-44
(c) Where did injury occur? Bates City Lafayette Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
M 40 Highway

While at work? no (Specify type of place) Means of injury Motor Car
23. Signature W. E. Martin, M.D. (M. D. or other) Coroner
Address O. L. Baker No. 1018-44 Date signed 10-18-44

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 12-7-77

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.....

R. B. White

Licensed Embalmer No. 2353

P. O. Address.....

Blue Springs 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.