. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9878

FILED APR 12 1945

Registration District No. 158 Primary Registration District No. 3127 Registrar's No. 33

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 Chenn Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether In this community 37 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Oronogo 44 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Annie Jane Ayre

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Feb (Month) 23 (Day) 1858 (Year)

8. AGE: Years 87 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Campsieglenn Scotland (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business at Home

FATHER
12. Name Donald Campbell
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B. F. Thomas

(b) Address Oswego, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16 (Month) (Day) 1945 (Year)

(c) Place: burial or cremation Oronogo Cem

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

(b) Address Webb City Mo

19. (a) March 15, 1945 (Date received local registrar) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 13 year 1945 hour 5.48 minute P. M.

21. I hereby certify that I attended the deceased from Aug 27, 1942 to Mch 13, 1945 that I last saw her alive on Mch 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Chronic Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R M Stormont (M. D. or other)

Address Webb City Date signed 3/14/45

1140

(Licensed Embalmer's Statement on Reverse Side)

45-3-284

MAY 22 1945

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 myself,

, Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4204

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.