

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13527**

FILED MAY 12 1945  
Registration District No. **121**

Primary Registration District No. **3127**

Registrar's No. **43**

19  
6  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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:  
**801 West Second Street** /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **50 years** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Webb City** **6**  
(If outside city or town limits, write "RURAL")

(d) Street No. **801 West Second Street** **2**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **James Ayre**

3. (b) If veteran, name war **No**

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

4. Sex **Male** / 5. Color or race **W.**

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

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

7. Birth date of deceased **December 17, 1855**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **14th**  
year **1945** hour **11:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 14, 1945** to **April 14, 1945**  
that I last saw him alive on **April 14, 1945**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**89** **3** **27** hr. min.

Immediate cause of death **Coronary occlusion** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **England** **England** /  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Meat Cutter** /

11. Industry or business \_\_\_\_\_

12. Name **John Ayre**

13. Birthplace **England** /  
(City, town, or county) (State or foreign country)

14. Maiden name **no data**

15. Birthplace **England** /  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **64w**

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Dau, Mrs. Ben Hickam**  
(b) Address **Webb City, Missouri**

17. (a) **burial** (b) Date thereof **4/17/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oronogo Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**  
(b) Address **Webb City, Mo.**

19. (a) **Apr 17 1945** (b) **Mrs. J. L. Loge**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: **[Signature]** (M. D. or other) **0209**  
Address: **[Signature]** Date signed **4/16/45**

1180 (Licensed Embalmer's Statement on Reverse Side)

45-4-374

*Kelvin*

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 \_\_\_\_\_

*Richard G. Reeves*

Registered Apprentice No. *365*

working under my personal supervision.

Signed

*Richard G. Reeves*

Licensed Embalmer No.

*4859*

P. O. Address

*1165 1/2 St. N.W.*

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.