

FILED JUN 9 1945  
Registration District No. **325**

Primary Registration District No. **6698**

Registrar's No. **31**

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

1. PLACE OF DEATH

(a) County Schuyler

(b) City or town Rural Liberty Twp  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Rural Liberty Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. Lancaster, Mo. ?  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Mahala Ayer

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1944 hour 1 minute 15 P. M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Pete Ayer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 11 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 27, 1943  
1943 to May 23d 1944  
that I last saw her alive on May 20 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 10 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pneumonia with delayed resolution Duration 17 days

9. Birthplace Schuyler Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

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

Other conditions: Attack of labor Pneumonia  
(Include pregnancy within 3 months of death)  
in 1944, from which she never recovered her strength.

MOTHER FATHER

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

12. Name John W. Ashmead

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Lytia C. Walker

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Pete Ayer

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof May 25, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director Amcell O. Finton

(b) Address Lancaster, Mo.

19. May 25, 1945 (b) Cl. Justice  
(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 0

23. Signature Edw. M. Nulton, M.D. (M. D. or other) \_\_\_\_\_

Address Lancaster, Mo. Date signed May 25, 1945

RECEIVED

District Health Officer No. 10

District File Number 6-45-905

Date Filed JUN 7 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 3705

Russell Fenton, Registered Apprentice No. 3705,  
working under my personal supervision.

Signed Russell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.**