

FILED 35029 1945

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(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)
(d) Length of stay: In hospital or institution 35 Years
(Specify whether years, months or days)
In this community 35 Years

3. (a) PRINT FULL NAME Lee Fredrick Ayers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 19 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 15 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

12. Name Mort D Ayers
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Julie Nitch
15. Birthplace Shelbina Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jim Greening
(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 11/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bacons Chapel

18. (c) Signature of funeral director Million & Barkelew

(b) Address Shelbina Mo

19. (a) Dec 4-45 (b) Paul Jaynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1945 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Oct 10 to Nov 4
that I last saw him alive on Nov 4 and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis 2 wks.

Due to _____

Due to _____

Other conditions High blood pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 130

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) (c) Means of injury 2

23. Signature Paul Jaynes (M.D. or other) do
Address Shelbina Mo Date signed Dec 4/45

RECEIVED

District Health Officer No. 10

District File Number 12-45-1905

Date Filed DEC 20 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Henry G. Bartleson

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.