S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6451

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2623 Laclede 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2623 Laclede 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Harry C. Ayers

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male C 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased September (Month) 29 (Day) 1877 (Year)

8. AGE: Years 68 Months 4 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business .....

FATHER
12. Name George W. Ayers
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah —
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Ayers
(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Jack Hennell
(b) Address Hannibal, Mo.

19. (a) 2-11-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1946 hour ..... minute 4:55 P.M.

21. I hereby certify that I attended the deceased from Jan 1 9 1946, to Jan 31, 1946 that I last saw him alive on Jan 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardosis	1 mo
Due to: Arteriosclerosis	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pennes methiral fistula	6 mo

Major findings:
Of operations no
Of autopsy no

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 no

(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 [signature] (M. D. or other)

Address Hannibal Mo Date signed 2-2-46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.