

No. 2
5-17-39
I X36671

FILED JUL 22 1946

Registration District No. **293** Primary Registration District No. **6003**

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

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Rural - Clay Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: B. R. # 4
(If not in hospital or institution, write street number or location)

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

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls # 3

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

(d) Street No. B. R. # 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eliza Isabella Aylor

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 7 minute — P. M.

21. I hereby certify that I attended the deceased from 4-7
1946 to 4-12 1946

that I last saw h. e. t. alive on 4-10
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Querry Aylor

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December 10 1862
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia
P. lower lobe

Duration 5 day

8. AGE: Years 83 Months 4 Days 2 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Snyder

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

14. Maiden name Sarah Aylor

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

16. (a) Informant Querry Aylor

(b) Address B. R. # 40, Varnhulst Mo.

17. (a) Burial (b) Date thereof April 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hedgesburg Cemetery

18. (a) Signature of funeral director Ray P. Schmitt

(b) Address 100 Broadway, Varnhulst, Mo.

19. (a) 4-16-46 (b) A. J. Waters
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 D

23. Signature H. S. Norton (M. D. or other) _____

Address Hammill Mo Date signed 7-15-46

268

23498

73

72

RECEIVED

District Health Officer No. 10

District File Number 7-46-1402

Date Filed JUL-18-1946

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

George T. Bond

Licensed Embalmer No. 4373

P. O. Address

Hennibal 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.