

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26488

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 269

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
317 South Middle 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 since birth
years, months or days

3. (a) PRINT FULL NAME Marvin Paul 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13th 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 4 25 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Paul Ayers
13. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gladys Blankenship
15. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Paul Ayers
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 8-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Springs Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 8-9-1946 (b) C. E. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 16
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 317 South Middle Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 4 1946 to Aug 8 1946
that I last saw him alive on Aug 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice 7 days
Due to Broncho-pneumonia 3 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
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 ✓
(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 ✓
3. Signature Herbert (M. D. or other) MD
Address Cape Girardeau, Mo Date signed 8-9-46

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

25333A

RECEIVED

District Health Officer No. 4
District File Number 846-2507
Date Filed 8-12-46

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..... *Lewand L. Haman*.....

Licensed Embalmer No..... 4122.....

P. O. Address Cape Girardeau, Missouri

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.