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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17849

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Orange MO.
(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 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLEY AYRE

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

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced O

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

7. Birth date of deceased August 7 1891 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Orange MO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Ayres

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

14. Maiden name Fidge Madley (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. B. Nickham

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 6/13/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orange Cemetery

18. (a) Signature of funeral director F. H. ...

(b) Address Webb City, Mo.

19. (a) JUN 21 1947 (b) P. E. ... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Orange MO. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1947 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

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?
(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
Signature M. H. ... (M. D. or other)
Address 5114 ... Date signed 6/14/47

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

47-6-487

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 *E. W. Kelly*
Licensed Embalmer No. 2859
P. O. Address Webb City, 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.