

FILED SEP 15 1947

Registration District No. 172

Primary Registration District No. 5640

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural Davis Twn.
(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 _____ (Specify whether)
In this community All his life
years, months or days

3. (a) PRINT

FULL NAME Ebert E. Ayres

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 Florence Ayres 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 5 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Higginsville, Lafayette Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Stockman

11. Industry or business _____

12. Name Phillip E. Ayres

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

14. Maiden name Adelaide Brown

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

16. (a) Informant Florence Gray Ayres

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof 8/11/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) Aug 14 - 1947 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1947 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from 1-2- 1947 to 8-10- 1947
that I last saw him alive on 8-9-47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Urinary Bladder
Duration 10 days
Due to Carcinoma of Urinary Bladder
Due to 1 yr.

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

Major findings: Of operations [Signature]

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) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Higginsville Mo Date signed 8-12-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-12-42

OCT 15 1942

SEP 30 1942

OCT 20 1942

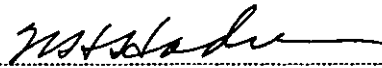
SEP 22 1942

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. 4269

P. O. Address. HIGGINSVILLE, 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.