No. 2
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30672

Registration District No. 62 | Primary Registration District No. 5238 | Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural-Jefferson Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 999
(c) City or town: Herrin (If outside city or town limits, write "RURAL") 11
(d) Street No. ____ (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country ____

3. (a) PRINT FULL NAME: Kenneth R. Ayres
3. (b) If veteran, name war: ——
3. (c) Social Security No. 212-18-2575
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Gladys Ayres
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: Oct. (Month) 3 (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	11	26	hr. ____ min.

9. Birthplace: Polk Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Purchasing Agent
11. Industry or business: Norge Mfg. Co., Herrin, Ill.
12. Name (Father): Al Ayres
13. Birthplace (Father): Benton Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name (Mother): Nellie S. Cobb
15. Birthplace (Mother): Unknown (City, town, or county) Nebr. (State or foreign country)
16. (a) Informant: John W. Ayres
(b) Address: Humansville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Humansville, Mo.
18. (a) Signature of funeral director: E. K. Gunn
(b) Address: Humansville, Mo.
19. (a) 10-8-47 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 29 year: 1947 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Carbon dioxide from automobile exhaust

Due to ____

Due to ____

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

Major findings: Of operations ____ Of autopsy ____

Duration

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): Suicide
(b) Date of occurrence: 9-29-47
(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: 3

23. Signature: M. D. Guzman, Coroner (Physician or coroner)
Address: El Dorado Springs, Mo. Date signed: 9/3/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1947 OCT 31 1947

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 .....

by me ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. H. Pimm

Licensed Embalmer No. 4282

P. O. Address Hermanville, 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.