

FILED FEB 9 1948

Registration District No. **28**

Primary Registration District No. **5369**

Registrar's No. **4**

1. PLACE OF DEATH:  
 (a) County **Daviess**  
 (b) City or town **"Rural" Sheridan Township**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **8 Miles South West Gallatin, Mo.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **Life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Daviess**  
 (c) City or town **"Rural" Sheridan Twp.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **8 Miles South West Gallatin**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Perlina Blanche Ayers**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **January** day **4**  
 year **1948** hour **4** minute **15** A. M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Emery Ayers**  
 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **December 31 1880**  
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **Jan 3 1948** to **Jan 3 1948**  
 that I last saw her alive on **3 Jan 1948**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Shock**  
 Dysentery  
 6hr

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>0</b>	<b>3</b>	hr. min.

Due to **Circulatory collapse**  
 Due to **Unknown**

9. Birthplace **Clinton County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own Home**

12. Name **Carroll Kendricks Shrewsbury**

13. Birthplace **Clinton Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Fennel**

15. Birthplace **Chariton Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emery A. Ayers**

(b) Address **Gallatin, Mo.**

17. (a) **Burial** (b) Date thereof **1-6-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamilton, Missouri**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Mo.**

19. (a) **17 Jan. 1948** (b) **J. M. Engelbert**  
(Date received local registrar) (Registrar's signature)

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

Major findings:  
 Of operations **None**

Of autopsy.....

PHYSICIAN  
 Underline the cause of 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?.....  
(Specify type of place)

While at work..... Means of injury.....

23. Signature **Richard Owen** (M. D. or other) **MD**

Address **Gallatin, Mo** Date signed **9 Jan 48**

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

MOTHER FATHER

MAY 10 1948

JUN 7 6 1948

DISTRICT HEALTH OFFICE  
Cameron, Mo.

FEB 9 1948

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 R. Lester Brandt, Registered Apprentice No. 456 working under my personal supervision.

Signed L. A. Fickessan  
Licensed Embalmer No. 3322  
P. O. Address Salisbury, 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.