S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7703

Registration District No.
Primary Registration District No. 3002
Registrar's No. 54

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 813 N. Clark St. (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 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Buell (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

3. (a) PRINT FULL NAME Dorcas Ann Aylor
3. (b) If veteran, name war —
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Windfield S. Aylor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 30 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Va (City, town, or county) (State or foreign country)
10. Usual occupation House
11. Industry or business
FATHER 12. Name Joesf. H. Grimm
13. Birthplace Va (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Shipp
15. Birthplace Va (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. [illegible] Brown
(b) Address Mexico Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant [illegible] Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Montgomery City Mo
19. (a) 3/31/48 (Date received local registrar) (b) Blanche Neeley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1948 hour 5 minute 05 a.M.
21. I hereby certify that I attended the deceased from March 24 1948, to Mar 29, 1948
that I last saw her alive on Mar 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia — Complete Left Side & Speech	
Due to Chronic Nephritis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Van Wagenen D.O. (M.D. or other)
Address Mexico Mo Date signed 3-31-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-49-611
APR -7 1948
Date Filed

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 on the 29th day of March 1948, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.