

S. No. 2  
9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8339

FILED APR 1 1948

State File No. ....

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 8

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

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Campbell  
(c) Name of hospital or institution Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Campbell 35  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME NANCY ORR AYRES  
Nancy Orr Ayres  
(b) If veteran, name war — (c) Social Security No. —

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 19  
year 1948 hour — minute 10.30 P.M.  
21. I hereby certify that I attended the deceased from July 10, 1947 to Feb 7, 1948  
that I last saw him alive on Feb 7, 1948  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ben H. Ayres 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased May 5, 1875  
(Month) (Day) (Year)

Immediate cause of death Cardiac failure  
Due to Cardiac Decomposition  
Due to Hypertension  
Other conditions (include pregnancy within 3 months of death) —

8. AGE: Years 72 Months 7 Days 9 If less than one day 14 hr. — min. —

Major findings: Of operations —  
Of autopsy 95%  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
Usual occupation Housewife  
Industry or business —  
12. Name W. Cobb  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name — 9

15. Birthplace — 9  
(City, town, or county) (State or foreign country)  
Informant Everett Orr  
(a) Address Bernie, Mo  
Burial (b) Date thereof 2-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Place: burial or cremation Four Mile Cemetery  
Signature of funeral director Laess Funeral Home  
(a) Address Campbell, Mo  
(b) Mrs. Beulah Campbell  
(Date received local registrar) (Registrar's signature)

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) 2  
While at work? (e) Means of injury —  
Signature Dr. Beulah Campbell  
Address Campbell, Mo Date signed 2/25/48

Copy by off. of State Health Dept. 2/25/48

RECEIVED

District Health Office No. 2,

District File Number 348-415

Date Filed 3-31-48

APR 14 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Christina M Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Miss

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Dunklin } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8

On this 9th day of April, 1948, before me appears.....

B. H. Ayres, who, upon his oath, states that the original record of ~~XXXX~~ death  
for Nancy Ayers, <sup>died</sup> ~~XXXX~~ February 19th, 1948 in the State of  
Missouri, and which was filed at Campbell, Mo. on Mar. 26, 1948, should be corrected as follows:

Item No. 3 should read Nancy Orr Ayres

Instead of..... Nancy Ayers

Item No. 6 should read B. H. Ayres

Instead of..... Ben Ayers

Item No. 7 should read May 5, 1875

Instead of..... May 5, 1876

Item No. 8 should read 72 years, 9 months, 14 days

Instead of..... 71 years, 9 months, 14 days

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant B. H. Ayres Former  
Husband  
Relationship.

Campbell, Mo.  
Present Address.

Subscribed and sworn to before me this 9th day of April, 1948.

My Commission expires Dec. 15, 1951 Cyrus W. Brann Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1948

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