

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11330

State File No.

FILED MAR 22 1948
Registration District No. 3279

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town MANSEFIELD
(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. years, months or days)

3. (a) PRINT FULL NAME SARAH D. AYERS

3. (b) If veteran, name war. NON P. (c) Social Security No. NON P.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN N. AYERS 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased D.P.C. 29 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 29 hr. min.

9. Birthplace NORTH CAROLINA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ISHAM H. KENNEDY
13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name LIVIA MYERS
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Smith

(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof MAR 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSEFIELD CEM.

18. (a) Signature of funeral director Ed. Steffe

(b) Address MANSEFIELD MO

19. (a) 3/1/48 (b) Ed. Steffe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 113
(c) City or town MANSEFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28
year 1948 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 27 1947 to Feb 24 1948
that I last saw him alive on Feb 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency See p

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 92B
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?

While at work? (Specify type of place) (e) Means of injury D

23. Signature J. G. Fison (M. D. or other)
Address Mansefield Mo Date signed 3-1-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 348-311

Date Filed MAR 18 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 G. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Manassas Md

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.