S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11993

Registration District No. FILED MAY 10 1948 8

Primary Registration District No. 4165

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County: Daviess
(b) City or town: Gallatin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Mrs. Arthur Daugherty (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Daviess 31
(c) City or town: Gallatin, Mo. (If outside city or town limits, write "RURAL") 1
(d) Street No.: --- (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John William Ayers
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Vilinda Ayers
6. (c) Age of husband or wife if alive: Dec'd years
7. Birth date of deceased: March (Month) 2 (Day) 1865 (Year)
8. AGE: Years 83 Months 0 Days 18 If less than one day hr. min.
9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: ---
FATHER 12. Name: Joseph Ayers
13. Birthplace: Pittsburg (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name: Mariah Conley
15. Birthplace: Pittsburg (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mrs. Arthur Daugherty
(b) Address: Gallatin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Brown Cemetery
18. (a) Signature of funeral director: Hope Funeral Home
(b) Address: Gallatin, Missouri
19. (a) 3 April 1948 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from June, 1945, to Mar. 20, 1948, that I last saw him alive on Mar. 19, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	4 days
Due to: Chronic Myocardial Degeneration	2 yrs.
Due to	
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: Floyd E. Nelson (M. D. or other)
Address: Gallatin, Mo. Date signed 3-21-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Richeson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.