

No. 2
11-108
5-17
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17427

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1954

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Telephone Building - 11th & Oak 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 Years
years, months or days

3. (a) PRINT FULL NAME Frank Ayres 620
8. (b) If veteran, name war no 3. (c) Social Security No. 486-03-7636

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ethel Ayres 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 27, 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Traffic Engineer 1
Southwestern Bell Telephone Co.

11. Industry or business _____
12. Name Ransom O. Ayres 9
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Ayres
(b) Address 801 East Armour

17. (a) Burial (b) Date thereof 5-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) May 10, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. Armour
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9,
year 1940 hour _____ minut 8:40 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

acute pulmonary edema
Die to _____
acute coronary occlusion
Die to _____
Coronary sclerosis
Other conditions _____ (Include pregnancy within 3 months of death) 94 B

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? _____

While at work _____ (Specify type of place) (a) _____ (b) _____
23. Signature Editor H. Huber D. or other) _____
Address K.C. Mo. Date signed _____

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

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Ke. @ No. 2

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, above space should be left blank.