S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24047

AUG 14 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2657

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

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: Kay Hotel- 9th & Main Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether

In this community 5½ Months years, months or days)

3. (a) PRINT FULL NAME WALTER C. AYRES Ayers 620

3. (b) If veteran Walter Clarence Ayres name war None

(c) Social Security No. 510-12-1385

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Florence ~~Ayers~~ Ayers

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September (Month) 6 (Day) 1882 (Year)

8. AGE: Years 57 Months 9 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Oak Park (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Salesman-Bleything Labor

11. Industry or business and Birtcher Corporation

MOTHER FATHER

12. Name William ~~Ayers~~ Ayers

13. Birthplace (City, town, or county) New York (State or foreign country)

14. Maiden name Gertrude Walters

15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mr. Jeffrey E. Carlisle

(b) Address 408 West 46th Street Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery Topeka, Kansas

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 2, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee

(c) City or town Topeka City (If outside city or town limits write "RURAL")

(d) Street No. 1175 High Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 7-2-40 year ___ hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from 3:00 a.m. ___, 19__, to ___, 19__; that I last saw ___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death ___ Duration

Acute pulmonary edema

Due to Chronic myocardial infarction

Due to Coronary sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ___ 941 P

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 Victor M. Tuhler (M. D. or other)

Address K. C. Mo Date signed ___

(Licensed Embalmer's Statement on Reverse Side)

M.C.

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 H. O. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K. C. 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Kansas } ss.
County of Sedgwick

State File No. 24047

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2657

On this 23rd day of Oct, 1945, before me appears Florence A. Ayers, who, upon her oath, states that the original record of ~~birth~~ death for Walter Clarence Ayers ~~born~~ died July 2, 1940, 19..., in the State of Missouri, and which was filed at K. C., Mo. on 7/2/40 19..., should be corrected as follows:

Item No. 3 (a) should read Walter Clarence Ayers
Instead of " " Ayres

Item No. 6 (b) should read Florence Ayers
Instead of " Ayres

Item No. 12 should read William Ayers
Instead of " Ayres

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

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

(SEAL)

Affiant Florence Ayers Wife
Relationship.

2527 Mossman Wichita, Ks.
Present Address.

Subscribed and sworn to before me this 23rd day of October, 1945.

My Commission expires July 5, 1949 Lillie M. Caldwell Notary Public.

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

Form V. S. 135
25M-3-42
X32339