No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2328

State File No.

Registration District No. 136

Primary Registration District No. 5501

Registrar's No.

1. PLACE OF DEATH:

(a) County HARISON

(b) City or town HATFIELD Rural Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4.5 mile SE of Hatfield Wash.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison 0

(c) City or town Hatfield Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BLANCH AYERS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Kaled Ayers

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov (Month) 18 (Day) 1886 (Year)

8. AGE: Years 56 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Farm Wife

11. Industry or business

FATHER
12. Name D P Moore
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ura Hogan
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Kaled Ayers
(b) Address Hatfield MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Chapel

18. (a) Signature of funeral director W H Noble
(b) Address Princeton MO

19. (a) 2-3-43 (Date received local registrar) (b) Chas Adair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1942, to Jan 1, 1943, that I last saw her alive on Dec. 31, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Metastatic Carcinoma of descending Colon - liver & (3 mo)
~~Due to~~ Gall bladder, & bladder (Urinary)

Due to Primary Carcinoma of Breast which was 1½ yrs.

Other conditions (Include pregnancy within 3 months of death) removed 9 mo. ago & followed by X-ray therapy 5 mo later.

Major findings:
Of operations —

Of autopsy —

50

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 Leon McCartney (M. D. or other) D.O.

Address Eagleville Mo Date signed 2-2-43

1122

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 590X

P. O. Address New Hampton

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.