

S. No. 2  
M-5-42  
7-5-17-39  
I X32073

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5621**

**FILED MAR 3 1945**

Primary Registration District No. **2000**

Registrar's No. **177**

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

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **954 E. LYNN**  
(d) Length of stay: In hospital or institution. **1**  
In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene 39**  
(c) City or town **Springfield**  
(d) Street No. **954 E. LYNN.**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Fannie Josephine Ayers**  
(b) If veteran, name war **NONE.**  
(c) Social Security No. **NONE.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **2nd**  
year **1945** hour **1** minute **55 am.**

4. Sex **Female** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **Widow**  
(b) Name of husband or wife **UNK.**  
(c) Age of husband or wife if alive **Dec. 26, 1950**  
7. Birth date of deceased **August 26, 1950**

21. I hereby certify that I attended the deceased from **March 25**  
**2** 1945, to **March 25** 1945  
that I last saw **her** alive on **March 2nd** 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years **94** Months **6** Days **6** If less than one day **hr. min.**

Immediate cause of death **old age - 94**  
Due to.....  
Due to.....

9. Birthplace **UNKNOWN**  
10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) **None**  
Major findings: Of operations **None**  
Of autopsy **None**

11. Industry or business.....  
12. Name **Unknown**  
13. Birthplace **UNK UNK.**  
14. Maiden name **UNK.**  
15. Birthplace **UNK UNK.**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(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.....

16. (a) Informant **James Ayers**  
(b) Address **954 E. LYNN, Spfld, Mo**  
17. (a) **Burial** (b) Date thereof **3-5-45**  
(c) Place: burial or cremation **Danforth Cem.**  
18. (a) Signature of funeral director **W. P. Campbell**  
(b) Address **867 Washington Ave.**  
19. (a) **3-3-45** (b) **W. H. Handley**  
(Date received local registrar) (Registrar's signature)

23. Signature **James B. Clark** M. D. or other  
Address **716 Benton** Date signed **Mar 2, 1945**

MOTHER, FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

994

(Licensed Embalmer's Statement on Reverse Side)

Spfld, Mo.

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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.....

*H. P. Campbell*

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

working under my personal supervision.

Signed.....

*H. P. Campbell*

Licensed Embalmer No.....

*1747*

P. O. Address.....

*Springfield 7A*

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.

*X*