. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26677

State File No.

FILED AUG 18 1945

Registration District No. Primary Registration District No. 3000 Registrar's No. 177

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Shrum - Smith Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Schuyler
(c) City or town Kirksville, Mo. Rural
(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

3. (a) PRINT FULL NAME HEATON Ayer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive —, years
7. Birth date of deceased 7 (Month) 22 (Day) 45 (Year)
8. AGE: Years | Months | Days | If less than one day 2 hr. min.
9. Birthplace Lancaster (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —
MOTHER FATHER
12. Name Joel E. Heaton
13. Birthplace Schuyler (City, town, or county) Mo. (State or foreign country)
14. Maiden name Edna Ayer
15. Birthplace Schuyler (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Joe E. Heaton
(b) Address Lancaster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Darby Cemetery
18. (a) Signature of funeral director Loyd Moore
(b) Address Downing Mo.
19. (a) 7-30-45 (Date received local registrar) (b) Mrs. J. A. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from July 22, 1945, to July 22, 1945; that I last saw him alive on July 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature R. E. Vaughn (M.D. or other) D.O.
Address Lancaster, Mo. Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

1046

RECEIVED
District Health Officer No. 10
District File Number 8-45-1337
Date Filed AUG 16 1945

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 Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Deming 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.