S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30524

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 703

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield Mo. 2 (If outside city or town limits, write "RURAL")

(d) Street No. 954 E Lynn 6 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James E. Ayers

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased November (Month) UNK. (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	70	UNK.	UNK.	hr. min.

9. Birthplace UNK. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Greene Ayers
13. Birthplace UNK. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace UNK. (City, town, or county) " UNK. 9 (State or foreign country)

16. (a) Informant Adeline Dawson

(b) Address Parsons, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Memorial

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Washington, Spfd., Mo.

19. (a) 9-6-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 year 1945 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 9/1/45, 19__, to 9/3/45, 19__; that I last saw him alive on 9/3/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Burn R leg & body

Due to Explosion Kerosene lamp

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 18/1/5

Duration

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) Accident

(b) Date of occurrence 9/1/45 12.3

(c) Where did injury occur? Springfield (City or town) Greene (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? IN Home (Specify type of place)

While at work? No (e) Means of injury BURNS.

23. Signature A. E. Allen (M.D. or other)

Address Springfield Mo. Date signed 9/6/45

9 9 4

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

NOV 4 6 1945

NOV 6 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.....

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

working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield M

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.