

FILED FEB 14 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limit, give "RURAL" and name of township)  
(c) Name of hospital or institution:  
1706 S. Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
1706 S. Campbell (If outside city or town limit, give "RURAL")  
(d) Street No. 6 (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Sarah Agnes Ayres

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John W. Ayres 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Sept. 2, 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alfred Harrison Devin  
13. Birthplace UNK Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Mary (UNK)  
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John W. Ayres  
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Dunnegan, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2-1-46 (Date received local registrar) (b) SMS Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1946 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from January 19, 1946 to 29 Jan 1946 that I last saw him alive on 28 January 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage & Bulbar paralysis Duration 10 days  
Due to 1. Chronic Nephritis  
2. Hypertensive CAD  
Due to 1. VASCULAR DISEASE  
3. Arteriosclerosis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: None Of operations 3/18 Of autopsy None 3/18

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 S. Sicheluff (M. D. or other) Address 200 E. ... Date signed 29.1.46

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

610

9  
2  
6

**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

*Walter E. Daniels*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield, 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.**

X