

**FILED** JAN 25 1946

Registration District No. **278**

Primary Registration District No. **4330**

1. PLACE OF DEATH

(a) County **Mississippi**  
(b) City or town **East Prairie, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Delivered In Ambulance**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **72 years 5 mo - 25 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**  
(c) City or town **East Prairie, Mo.**  
(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

**CHARLES CLARENCE AYCOCK**

3. (b) If veteran **World War 2** name was \_\_\_\_\_  
3. (c) Social Security No. **487-18-4119**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Annie Ruth Aycock**  
6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased **July 9, 1903**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **5** Days **25**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **East Prairie, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Marshall**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Charles B. Aycock**  
13. Birthplace **Osborne Co., Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucy Williamson**  
15. Birthplace **Oak Harbor, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sue Aycock**  
(b) Address **East Prairie, Mo.**

17. (a) **Burial** (b) Date thereof **1-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **W.P.W.**

18. (a) Signature of funeral director **Travis Shelby**  
(b) Address **East Prairie, Mo.**

19. (a) **1-17-46** (b) **Delvid G. Harper**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4**  
year **1946** hour **11** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**46** to **Jan 4** 19**46**  
that I last saw him alive on **Jan 4** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **None**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature **Geo. Whitaker MD** (M. D. or other) \_\_\_\_\_  
Address **East Prairie Mo** Date signed **1/14/46**

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

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD  
16024

4 W. itaker

JAN 29 1946

FEB 29 1946

MAY 6 1946  
MAY 15 1946

**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 *Francis Shelby*  
.....  
Licensed Embalmer No. *2726*

P. O. Address *East Prance, Md.*

**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.**