

FILED DEC 24 1946

Registration District No.

Primary Registration District No. 4268

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Mayview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Albert Ailor

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 Widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Dec. 18, 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Johnson Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Ailor
13. Birthplace Nashville, Tenn. U
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wilson Ailor
(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Dec. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spri Mills Cem, Oak Grove

18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.

19. (a) Dec 13 1946 (b) Lester Drummond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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 U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1946 hour 5 minute 30 A.M.

21. I certify that I attended the deceased from 8:11
Observed him 1 1/2 hrs after death
that I last saw him alive on 12/11/46
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 16213

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? Mo.
(Specify type of place) While at work? (e) Means of injury

23. Signature Jno B Willis M. D. (M. D. or other)
Address Mayview, Mo. Date signed 12/12/46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-21-46

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 *J. T. Hugman*
Licensed Embalmer No. 754
P. O. Address *Adem 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.