

S. No. 2
DM-5-43
7. 5-17-39
I X36671

FILED JUN 24 1948

Registration District No. **221**

Primary Registration District No. **5639**

Registrar's No. **23**

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

1. PLACE OF DEATH:

(a) County **LAFAYETTE**

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

(c) Name of hospital or institution:
ROUTE # 2 ODESSA MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE** (Specify whether years, months or days)

In this community **3 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LAFAYETTE**

(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")

(d) Street No. **ROUTE # 2 ODESSA**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **✓**

3. (a) PRINT FULL NAME **ADDIE STOKELY AYLER**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **PERRY B AYLER**

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

7. Birth date of deceased **FEBRUARY 9 1862**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	0	0	hr. min.

9. Birthplace **KINGSVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **AT HOME**

MOTHER FATHER

12. Name **JOHN HOLLAND STOKELY**

13. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

14. Maiden name **SARAH MARGARET ENYART**

15. Birthplace **COOPER CO MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS E B RING**

(b) Address **ROUTE # 2 ODESSA MO**

17. (a) **BURIAL** (b) Date thereof **FEB 11 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ELM STG 2 MO**

18. (a) Signature of funeral director **Canaday & Rapp**

(b) Address **Holden, Missouri**
Feb 10, 1948 (Date received local registrar)

(c) Registrar's signature **[Signature]** (Date signed **2/10/48**)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **9**
year **1948** hour **10:29** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 1**
1948 to **Feb 9** **1948**

that I last saw her alive on **Feb 8** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to _____

Other conditions **Chronic Nephritis**
& Sen Arteriosclerosis

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 **Kelly Rawlins** (M.D. or other)
Address **Holden Mo** Date signed **2/10/48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-23-48.....

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.....

Licensed Embalmer No. 34341.....

P. O. Address Holden, 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.