V. S. No. 2
00M—2-43
V. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21810

State File No.

FILED JUL 6 [illegible]

Registration District No. [illegible]

Primary Registration District No. 5596

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town DeSoto Rural (Valle)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lin.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town DeSoto Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ½ mi South of DeSoto
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAMIE AFTON BAYER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Bayer
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. 1, 1893
(Month) (Day) (Year)

8. AGE: Years 51 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace Pattin (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation at time
11. Industry or business —
MOTHER FATHER
12. Name George Frazier
13. Birthplace Pattin (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Jayson Sweet
15. Birthplace Pattin (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Joseph Bayer
(b) Address DeSoto Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery DeSoto Mo
18. (a) Signature of funeral director Roswell C Dietrich
(b) Address DeSoto
19. (a) 6-30-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 12, 1944 to June 26, 1944
that I last saw h[illegible] alive on June 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Starvation	30 days
Due to Carcinoma of Endometrium	12 months
Due to Carcinoma of mesentery	9 months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations H & L	
Of autopsy	

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

23. Signature Chas. E. Ayres (M. D. or other) MD
Address Edgar Bldg., DeSoto Date signed 6/30/44

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(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1944

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..... Darnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address..... Dedham Mass.

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.