

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13658

Do not use this space.

Registered No. **1412**

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K C Mo. (d) Street No. 6411 Summit St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Nancy J. Ashton
 (a) Residence, No. 6411 Summit St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Ashton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1849		
7. AGE	YEARS 89	MONTHS 5
	DAYS 8	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	At Home
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Donaphan County Kansas	
FATHER	13. NAME	Obediah Evins
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Kentucky
MOTHER	15. MAIDEN NAME	Alpa McCamey
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	No Record
17. INFORMANT (ADDRESS)	Mrs. Anna Lisiecki 6411 Summit	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Elmwood	DATE Apr. 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	John W. Wagner Kansas City, Mo.	
20. FILED	Apr 3 1939 M. M. Cronoe Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from about 2 9/10 pm to approx 3 1/2 pm 1939. I last saw her alive on March 31, 1939. Death is said to have occurred on the date stated above, at 12:00 pm. The principal cause of death and related causes of importance were as follows:
 Laundry eye Paralysis 20 3/4 yrs
 Date of onset 3/29/39
 8/10

Other contributory causes of importance:
 None more unknown

Name of operation Op. E Date of 24
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Geo F. Nessel M. D.
 (Address) 900 P. Alto Bldg.

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF HEALTH SERVICES

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.....

P. O. Address.....

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, above space should be left blank.