

Registration District No. **NOV 14 1939** County Registration District No. _____

Registrar's No. **4183**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. Gen Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4448 Bell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME George Ashwell

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Feb 13 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 17 If less than one day hr. _____ min.

9. Birthplace MO
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road

11. Industry or business K.C. Terminal

12. Name Edward Eugene Ashwell

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

14. Maiden name Jul Henderson

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rebecca Clark

(b) Address 17 C Gen Hosp

17. (a) Burial (b) Date thereof Nov. 1st, 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Nov 1, 1939 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature) 361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1939 hour 4:00 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 29 - Oct 30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis with Terminal Bronchopneumonia Duration _____
Due to _____
Due to 73

Other conditions Acute Chronic dilatation of heart with chronic
(Include pregnancy within 3 months of death)

Major findings: Passive congestion
Of operations _____
Of autopsy See above

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 A. S. De Marna M.D. (M. D. or other) _____
Sept K.C. Gen Hosp Date signed _____

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

REV. 5-17-39
I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Renzel C. Browning

Licensed Embalmer No. *2724*

P. O. Address

R. C. Browning

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.