

FEB 15 1940
Registration District No. 793

Primary Registration District No. 6036

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Rural (Elmwood Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Elmwood Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community most of her life
years, months or days (Specify whether)

8. (a) PRINT FULL NAME ELIZABETH F. ASH

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

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 4 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months - Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business -

12. Name Frank Ash

18. Birthplace unknown (City, town, or county) Virginia (State or foreign country)

14. Maiden name Jessie Elsie

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

16. (a) Informant's own signature [Signature]

(b) Address Shelby, Mo.

17. (a) [Signature] (b) Date thereof Jan 7, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) January 10, 1940 (b) [Signature]
(If he received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (Elmwood Township)
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1940 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 40
to Jan 5, 40, 1940
that I last saw her alive on Jan 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration 5 Days

Due to _____
Due to _____

Other conditions Internal Sclerosis 1930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no.
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed 1/6/40

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19311

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.

RECEIVED
District Health Officer No. 8
District File Number *4/14/40*
Date Filed

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. Lashie, Sumner*
Licensed Embalmer No. *32350*
P. O. Address..... *Marshall, 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, above space should be left blank.