

2
3-40
7-39
K23159

Registration District No. 175

Primary Registration District No. 5248

Registrar's No. 26

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Rural, Chariton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76-5-20 years, months or days

3. (a) PRINT FULL NAME George Washington Ashby

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 1 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business on his farm

12. Name Jerry Ashby

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

14. Maiden name Charlatta Shaffer

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

16. (a) Informant Verne B. Ashby

(b) Address 8609 E. 129th St. S.F.D. 9

17. (a) Burial (b) Date thereof Jul 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo

18. (a) Signature of funeral director Walker Rudeby
(b) Address Glasgow Mo

19. (a) 6-22-41 (b) Herbert Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 4 minute 40 M.

21. I hereby certify that I attended the deceased from 6-8, 1941, to 6-20, 1941;

that I last saw him alive on 6-20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Duration _____

Due to _____

Due to _____

Other conditions acute myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature W. B. Kitcher (M. D. on oath) _____
Address Glasgow Date signed 6-20-41

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

JUL 10 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-41

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

W. W. Freeman

Licensed Embalmer No.

3978

P. O. Address

Elkington, Md.

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.