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FILED JUL 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21841

State File No. ....

Registration District No. ....

Primary Registration District No. 5554

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Jackson Blue  
(b) City or town 9814 Kentucky, Mo  
(c) Name of hospital or institution: 19814 Kentucky  
(d) Length of stay: In hospital or institution none

In this community none years, months or days

3. (a) PRINT FULL NAME JESSE HARRISON ASHCRAFT

3. (b) If veteran, name war none 3. (c) Social Security No. 499-09-5796

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

6. (b) Name of husband or wife Ashcraft 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 14 1883

8. AGE:	Years	Months	Days	If less than one day
	57	5	26	hr. min.

9. Birthplace Lies Summit Mo

10. Usual occupation Service Station operator

11. Industry or business gas & oil

12. Name Alexander Ashcraft

13. Birthplace Tipton Mo

14. Maiden name Mary Newbark

15. Birthplace Tipton Mo

16. (a) Informant Jesse Earl Ashcraft

(b) Address 6213 Harrison

17. (a) Burial (b) Date thereof June 11-1941

(c) Place: burial or cremation Lies Summit Missouri

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 W. Main St. Independence, Mo

19. (a) June 10 1941 (b) F. L. Cook, M.D.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Missouri  
(d) Street No. 9814 Kentucky Avenue  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11 year 1941 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 19 19 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Negerosclerosis

Due to Coronary Arteriosclerosis

Other conditions 127A

Major findings: Of operations

Of autopsy

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?

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

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed [Date]

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address. Indep. 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, fact should be so stated above.**