S. No. 2
—1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18882

Registration District No. 774 Primary Registration District No. 4405 Registrar's No. 21

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Flat River Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 94
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Jean Ashen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 0
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1942 (Year)
8. AGE: Years Months Days 1 If less than one day hr. min.
9. Birthplace Flat River (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation none.
11. Industry or business
MOTHER FATHER
12. Name Ellis Ashen.
13. Birthplace Elvins (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Mamie Eldess
15. Birthplace Esther (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Ellis Ashen
(b) Address Flat River Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Mo
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 5-13-42 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1942 hour 12 minute A M.
21. I hereby certify that I attended the deceased from May 12 1942 to May 13 1942 that I last saw him alive on May 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C H Hopkins (M. D. or other) MD
Address Flat River MO Date signed 5-13-42

(Licensed Embalmer's Statement on Reverse Side)

1196

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

RECEIVED

District Health Officer No. 4

District File Number 42 - 730

Date Filed 6-11-42

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, fact should be so stated above.