

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23275

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3062

48
3
8

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

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: St. Mary's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 7-21-42
(Specify whether years, months or days)
In this community as above

3. (a) PRINT FULL NAME Mrs. Rose Ashcraft,

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased: January 9 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 5 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name William Rathborn,
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Jane Morgan,
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Ashcraft,
(b) Address E. 58th & 50 Highway, K.C., Mo.

17. (a) Removal (b) Date thereof 8-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-14-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. E. 58th St. and No. 50 Highway, 8
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1942 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from 7/4-
1942 to Aug 14 1942
that I last saw h.c.t. alive on Aug 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Cardiac Pathology
Due to Atherosclerosis Hypertension
Due to ASC
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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? _____

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

23. Signature F. P. ... (M. D. or other) 0
Address 311 Argyle Bldg Date signed 8/14-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Rumsey,

2 P.M.
any Dr. Body

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.....

Rose A. Keeley

.....
Licensed Embalmer No.

P. O. Address.....

*3738
N.C. MS*

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.