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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37469

Registration District No. 183 Primary Registration District No. 3683 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Browning, Benton Twp. (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 years, months or days) Lifetime

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58 0

(c) City or town Browning, Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Benton Twp. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Annie Bernice Ashby

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Ashby

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 5 (Day) 1870 (Year)

8. AGE: Years 72 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William H. Jones
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Agnes W. Venable
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John Ashby

(b) Address Browning

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) (Day) 1942 (Year)

(c) Place: burial or ~~cremation~~ Jenkins Cem. Browning

18. (a) Signature of funeral director Schoene's

(b) Address Milan Mo. Frank D.

19. (a) Nov. 5 1942 (Date received local registrar) (b) 1257 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1942 hour 4 minute 40 p. M.

21. I hereby certify that I attended the deceased from June, 1942, to November, 1942 that I last saw her alive on Oct. 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Softening	6 Month
Due to	
Due to 83c	
Other conditions Senility (Include pregnancy within 3 months of death) Arteriosclerosis	
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 0

23. Signature J. R. McArtor (M. D. or other) M. D.

Address Browning, Mo. Date signed 11-5-42

(Licensed Embalmer's Statement on Reverse Side)

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37469

Registration District No. 183 Primary Registration District No. 5683 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Annie B Ashby
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 5 (Day) 1870 (Year)
8. AGE: Years 72 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Geo. W. Anderson (Registrar's signature) by Jas. S. Anderson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 3 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Septicemia	4 mos
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY