

Registration District No. 149

Primary Registration District No. 1002

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:
4123 St. John Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4123 St. John Avenue
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. William Edwin Ashton

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Ella M. Ashton 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 15 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Sub. Station Supt. or (Retired) Post Office

11. Industry or business U. S. Gov't Employee

MOTHER FATHER { 12. Name James Ashton
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Port
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Julia A. Norton
(b) Address 4123 St. John Avenue

17. (a) Burial (b) Date thereof Dec 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. W. Hiwcomer
(b) Address 1401 Brush Creek Blvd
19. (a) 12-12-42 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 24, 1942 to December 11, 1942
that I last saw him alive on December 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days
Due to Atherosclerosis Thromb 5 years?
Due to 830

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) (e) Means of injury _____
While at work? _____
23. Signature Judith Johnson (M.D. or other) D.O.
Address 1623 W. 9th St Date signed 12/14/42

Dr. Johnson
1623 9th St

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K.C. 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.