

FILED

SEP 10 1943

35/128

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

Registrar's No. 707

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **SPRINGFIELD MO.**

(c) Name of hospital or institution: **St. Johns O Hosp.**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **3 hours**  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: **37**

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL")

(d) Street No. **709 N. Rogers**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **ELLA PEARL ASHFORD**

(b) If veteran, name war **NONE**

(c) Social Security No. **NONE**

4. Sex **Female** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive **9** years **1873**

7. Birth date of deceased **Jan 9 1873**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Saline Co. MO.**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation **House wife**

11. Industry or business **In home**

12. Name **Henry Hibbard**

13. Birthplace **Urk. Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth — Gardner**

15. Birthplace **Urk. Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Ashford**

(b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Aug 29 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waverly Mo.**

18. (a) Signature of funeral director **J.W. Langner**

(b) Address **SPRINGFIELD MO.**

19. (a) **8-28-43** (b) **S. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26** year **1943** hour **12** minute **65** A. M.

21. I hereby certify that I attended the deceased from **8-26** 19 **43** to **8-28** 19 **43**  
that I last saw h. **ar** alive on **8-26** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Resenteric thrombosis**

Duration **2 hrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **99:1**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **Max J. [unclear]** (M. D. or other) **M.D.**

Address **Springfield Mo.** Date signed **8-27-43**

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**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.....

*Ogle Stone Jr.*

Licensed Embalmer No. *4196*

P. O. Address *Springfield, 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.**

*X*