V. S. No. 2
100M—2-43
Rev. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28956

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Cantherseville Mo
(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
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot 78
(c) City or town Cantherseville Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jack Ashley
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opel Ashley
6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Nov 23 1925 (Month) (Day) (Year)

8. AGE: Years 17 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Pemiscot Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Day Labor
11. Industry or business Plumbing work
FATHER
12. Name Jack Harold Ashley
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Ella Page
15. Birthplace Gibson Co. Tenn (City, town, or county) 1 (State or foreign country)
16. (a) Informant Tom Nichols
(b) Address Cantherseville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director H. Smith
(b) Address Cantherseville Mo
19. (a) 8-25-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1943 hour 2:00 minute 0 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning, while in swimming
Due to in Mississippi River
Due to
Other conditions (Include pregnancy within 3 months of death) 183.3
Major findings:
Of operations 36
Of autopsy

Duration

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) Accident
(b) Date of occurrence Aug 15 43 078
(c) Where did injury occur? Below Cantherseville Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi river. (Specify type of place)
While at work? play (e) Means of injury drowning
23. Signature Jules V. Moore (M. D. or other) Coroner
Address Hayti Mo Date signed 8/11/43

1236

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1943

AUG 15 1950

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.