

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34359**

Registration District No. **3453**

Primary Registration District No. **3010**

Registrar's No. **311**

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

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**

(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 hrs.**
(Specify whether)

In this community **13 hrs**
years, months or days

3. (a) PRINT FULL NAME **BABY ASH**

3. (b) If veteran, name war **NO**

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

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **OCT 4 1943**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	13 hr. min.

9. Birthplace **CAPE GIRARDEAU MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **CHILD**

11. Industry or business

MOTHER FATHER

12. Name **DALLAS ASH**

13. Birthplace **OBION TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **REBA CROSSER**

15. Birthplace **LAKE CO. TENN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dallas Ash**

(b) Address **Monraton and**

17. (a) **BURIAL** (b) Date thereof **OCT 5-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW MADRID MO**

18. (a) Signature of funeral director **M. S. Larberg**

(b) Address **Cape Girardeau Mo.**

19. (a) **10-5-43** (b) **A. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CAPE GIRARDEAU**

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

(d) Street No. **ST. FRANCIS HOSPITAL**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **5**
year **1943** hour **12** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **10-4-** 19**43**, to **10-5-** 19**43**;
that I last saw h. w. alive on **10-4-** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature New born (Pre eclamptic)**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **159**

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **A. B. E. Lead** (M. D. or other) _____
Address **Cape Girardeau Mo.** Date signed **10-5-43**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1014

RECEIVED

District Health Officer No. 4

District File Number 1143-290

Date Filed 11-8-43

M. J. P.

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.....

This body Not Embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed.....

J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.