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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7141

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 133

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1500 Mt. Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 77 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 9
(c) City or town Springfield, 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 Mt. Vernon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joanna Ashworth
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Ashworth
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August (Month) 31, (Day) 1866 (Year)

8. AGE: Years 77 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
FATHER
12. Name Dabney C. Dade
13. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Donna Mack
15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Miss Donna Ashworth
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 2-8-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1944 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from 9-7, 1943, to 2-3, 1944
that I last saw her alive on 2-3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial insufficiency	2 yrs
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Mary Jean Atherton (M. D. or other)
Address 318 St Louis St. Date signed 2-8-44
Spfd., Mo.

984

(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.....Lewis H. Scharpf

Licensed Embalmer No. 3802

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.