

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 105

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town LEANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 13 DAYS
(Specify whether years, months or days)

In this community 19 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town LEANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 11130 E. 6th ST. FAIRMONT, MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS BENJAMIN SILLAS FISH WORTH

(b) If veteran, name war NO

(c) Social Security No. 496-244363

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8th year 1945 hour 2 minute 30 AM

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. TENNIE ASHWORTH

6. (c) Age of husband or wife if alive 30-1873
(Month) (Day) (Year)

7. Birth date of deceased JANUARY 30-1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 26 1944 to Jan 8 1945 that I last saw him in alive on Jan 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia

8. AGE: Years Months Days If less than one day

71 11 8 hr. min.

Due to Cancer of Bladder - (Metastatic papilloma)

Due to 525

Other conditions (Include pregnancy within 3 months of death)

Major findings: Growth in bladder

Of autopsy Physician

9. Birthplace PULASKI TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation CAR REPAIRMAN

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

11. Industry or business M. & T. R.R.

12. Name JAMES ASHWORTH

13. Birthplace PULASKI TENNESSEE
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN BROWN

15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. A. J. PUGH

(b) Address 11130 EAST 6th ST. N.C. MO.

17. (a) REMOVAL (b) Date thereof JAN-10-1945
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation DENTON, TEXAS

18. (a) Signature of funeral director O. N. Newcomer, Son

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 1-9-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Frank R. ... Date signed 1/8/45

Address 9-12 ...

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

928 Empire Bldg
1-3

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 *H. C. Newcomer Jr*

Licensed Embalmer No. *40213*

P. O. Address *H. C. Newcomer Jr*

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.