

No. 2  
-2-43  
-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2937**

Registration District No. **FB 6 21946**

Primary Registration District No. **5572**

Registrar's No. **171**

1. PLACE OF DEATH: **Jackson**  
(a) County: **Jackson**  
(b) City or town: **Rural Prairie** (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jackson County Emergency Hospital**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution: **8 days**  
In this community: **19 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **AMANDA CATHERINE ASHLOCK**  
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: **Lee Ashlock**  
6. (c) Age of husband or wife if alive: **20** years  
7. Birth date of deceased: **April 20 1856** (Month) (Day) (Year)

8. AGE: Years: **89** Months: **10** Days: **8**  
If less than one day: hr. min.

9. Birthplace: **Henry Co. Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business: **John Booker Mc Gee**

12. Name: **John Booker Mc Gee**  
13. Birthplace: **Henry County Tenn** (City, town, or county) (State or foreign country)  
14. Maiden name: **Frances Rowe**  
15. Birthplace: **Henry County Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant: **Claude Ashlock**  
(b) Address: **Independence Missouri**

17. (a) **Burial** (Burial, cremation, or removal)  
(b) Date thereof: **12-31-1945** (Month) (Day) (Year)  
(c) Place: burial or cremation: **Mound Grove Cemetery**

18. (a) Signature of funeral director: **Geo. C. Carson**  
(b) Address: **Independence Missouri**

19. (a) **12/31/45** (Date received local registrar)  
(b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Missouri**  
(a) State: **Missouri** (b) County: **Jackson**  
(c) City or town: **Independence** (If outside city or town limits, write "RURAL")  
(d) Street No.: **512 N Ridgeway** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: **Dec.** day: **30**  
year: **1945** hour: **1** minute: **00** P. M.  
21. I hereby certify that I attended the deceased from **Dec 24** to **Dec 30**, 1945  
that I last saw **her** alive on **Dec 29th**, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho pneumonia.**  
Duration: **10 day.**

Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: **Senile psychosis**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: **107**

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) (e) Means of injury: \_\_\_\_\_  
Signature: **[Signature]** (M. D. or other) \_\_\_\_\_  
Address: **200 Plaza Med Bldg** Date signed: **12/31/45**

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

100440

123

(Licensed Embalmer's Statement on Reverse Side)

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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 *George L. Cannon*

Licensed Embalmer No. *2249*

P. O. Address *July, 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.**