

FILED APR 29 1946 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

12624
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 77
 (b) Township 3 Primary Registration District No. 3210 Registered No. _____
 (c) City Jefferson City (d) Street No. On B.V.S. as it appeared in Jefferson City, Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Homer Ashmore
Crocker, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County, Mo.

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Ashmore (Brother)
Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Area, Mo. DATE 4-29-46

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jimmie Lewis
700 Jefferson

20. FILED _____ 19 _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26-46

22. I HEREBY CERTIFY, That I attended deceased from dead when viewed, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Dead on No. 100 Bus
between Sedalia &
Jefferson City, Mo.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) J. Leslie (Address) Jeff City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 6 1946

APR 29 1946

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, _____

Loen H. Anderson _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Loen H. Anderson* _____

Licensed Embalmer No. *3641* _____

P. O. Address *Jefferson Ave* _____

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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 1057

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

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

3. (a) PRINT FULL NAME Homer Ashmore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Nov. 28 1888
(Month) (Day) (Year)

Duration _____
Due to Dead on Mo Pacific Beer between Sedalia & Jefferson city, Mo
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 56 Months _____ Days _____ (If less than one day) _____ min.
9. Birthplace Pulaski MO
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown
11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mr. Ashmore Brother
(b) Address Crocker, MO
17. (a) _____ (b) Date thereof 7 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shera, MO
18. (a) Signature of funeral director Janner Sereni
(b) Address Jefferson city, MO
19. (a) 5-1-46 (b) R. P. Harrison
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Leslie coroner (M. D. or other) _____
Address Jefferson city, MO Date signed 7-29-46

DECLARATION

MENTARY

12024