

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED NOV 1 1946

State File No. 34143

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 336

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 816 Hill St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 64

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

(d) Street No. 816 Hill St
(If rural, give location)

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

3. (a) PRINT FULL NAME James Ashby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race negro

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

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

7. Birth date of deceased 1896
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Semility

Due to age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>about 70</u>			hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Ralls Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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? _____

11. Industry or business _____

12. Name James Ashby

13. Birthplace Ralls Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature James Ashby Stanton
Address Hannibal Mo Date signed 10/23/46

16. (a) Informant Mrs Jossie Ashby

(b) Address 816 Hill St

17. (a) Burial (b) Date thereof 10-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Mo

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal Mo

19. (a) 10-23-46 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature)

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? _____

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

32970

189

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 *Geo Roberts*.....

Licensed Embalmer No. *2113*.....

P. O. Address *Hannibal 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.