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1.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 19 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1258

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
502 Felix St. *JS*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nil (Specify whether)  
In this community Life (Specify whether)  
years, months or days

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

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Roy  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased December 14 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 24  
If less than one day hr. min.

9. Birthplace Holt Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
12. Name James E. Smith  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Liza Gump  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Ashworth  
(b) Address Oregon, Mo.

17. (a) Burial (b) Date thereof 11-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.  
(b) Address St Joseph, Mo.

19. (a) Nov. 12, 1946 (b) *H. J. Nettleton*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8  
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I viewed the deceased from *ON*  
*NOV 8*, 1946, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy  
Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *S3A*  
Of autopsy  
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 \_\_\_\_\_  
Coroner

23. Signature *B. W. Tadlock* (M. D. or other)  
Address King Hill Bldg Date signed 11-9-46

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(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

MAR 28 1947

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~~ NY

~~Registered Apprentice No.~~  
working under my personal supervision.

Signed Robert H. Geph

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.**