

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23394**
Registrar's No. **877**

Registration District No. **42** Primary Registration District No. **1000**

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:
Missouri Methodist Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Clara Teresa Ashcraft

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 Widow

6. (b) Name of husband or wife Frank Ashcraft

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

7. Birth date of deceased November 13 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>8</u>	<u>7</u>	hr. _____ min.

9. Birthplace Green County Iowa / Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name Alonzo C. Stevens

13. Birthplace Rutland Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Sara Ellen Clark

MOTHER { 15. Birthplace Ripley Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Richard Ashcraft

(b) Address 2420 Jules St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof July 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muscataine, Iowa.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 7-24-47 (b) Lo b Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2420 Jules Street / **7**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7/19/47
to 7/20/47, 1947,
that I last saw her alive on 7/20/47
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia
Pneumonia
Cholelithiasis

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings: Of operations 126

Of autopsy Pneumonia
Cholelithiasis

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) Manner of injury _____

23. Signature Clara Ashcraft (M: D: or other) me
Address 246 No 7 Date signed 7/24/47

10000000

1000 18 70F

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 *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri

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.