

No. 2
12-45
-17-39
X47070

FILED OCT 25 1947
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
North East O. B. B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. N. Campbell
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY ASH

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 George Ash

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 11, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>11</u>	<u>4</u>	hr. min.

9. Birthplace Linn Creek Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Hawkins

13. Birthplace Linn Creek Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Robertson

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

16. (a) Informant George Ash

(b) Address Pleasant Hill, Mo.

17. (a) removal (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Humphreys

(b) Address Pleasant Hill, Mo.

19. (a) 10-16-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1947 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1946, to Oct 15, 1947,
that I last saw her alive on Oct 15, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration _____

Due to arteriosclerosis

Due to diabetic mellitus

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

PHYSICIAN

Major findings:
Of operations U1

Of autopsy _____

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 2

23. Signature Bernard Jander (M. D. or other) Do

Address Pleasant Hill, Mo. Date signed 10/17/47

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.....

By me
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Allen Brumfield*.....

Licensed Embalmer No. *3785*

P. O. Address. *Pleasant Hill*.....

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.