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FILED DEC 3 1947  
Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1416

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution Missouri River Bank, 200 Yds North of Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether 3)

In this community About 5 Years  
(years, months or days)

3. (a) PRINT FULL NAME Cloyd Glenn Ashworth

3. (b) If veteran World War # 2 3. (c) Social Security No. 491-09-3275

name war.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 14 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	45	4	24	.....br.....min.

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

10. Usual occupation Laborer

11. Industry or business Lawhon Cons't Co.

12. Name John Ashworth

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

14. Maiden name Flora Norris

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

16. (a) Informant Mrs Maggie Ashworth

(b) Address 109 East Market St.

17. (a) Burial (b) Date thereof Dec. 1, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Mo. Maple Grove

18. (a) Signature of funeral director Herman E. Jenkins

(b) Address 1802 Union St. St Joseph, Mo.

19. (a) 12-4-47 (b) H. E. 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. 109 East Market St.  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th  
year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Viewed  
Nov 28th, 1947 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 Accidental Drowning

Due to.....

Due to.....

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

Major findings: - 183  
Of operations.....

Of autopsies..... 36

PHYSICIAN  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 131

(b) Date of occurrence Nov 8th 1947

(c) Where did injury occur? St Joseph Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place, in River

While at work? No (Specify type of place) Drowning

(e) Means of injury Coroner 3

23. Signature W. Todde (M. D. certifier)  
KING HILL Bldg  
Address St. Joseph, Mo. Date signed 12/1/47

DEC 18 1947  
JAN 3 1948

DEC 10 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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Robert H. Gable* .....

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.