

FILED DEC 15 1947

State File No. _____

Registration District No. 585

Primary Registration District No. 3039

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Lin
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lin 58
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jesse Ashley

3. (b) If veteran name was _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced marrie
6. (b) Name of husband or wife Marydee Ashley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 10 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business

12. Name William Ashley
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Powell
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs Jesse Ashley
(b) Address Marceline Mo
17. (a) Burial (b) Date thereof Nov 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation at Olivet

18. (a) Signature of funeral director James Maughlin
(b) Address Marceline Mo
19. (a) 11-8-1947 (b) Shelton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1947 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 18, 1947, to Nov. 6, 1947;
(that I last saw him alive on Nov. 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Duration

2 wks.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature B.B. Hurst (M. D. or other) MD
Address Marceline, Mo. Date signed 11-8-47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Calburn Keith Tillotson....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Dale Beman.....

Licensed Embalmer No. 4088.....

P. O. Address Mareline M.....

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.