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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1948

Registration District No. 83

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5314

State File No. 19014

Registrar's No. 8

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town PRAIRIE HOME Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 YEARS
years, months or days)

2. USUAL RESIDENCE OF DEACESED: 27
(a) State MISSOURI (b) County COOPER
(c) City or town PRAIRIE HOME (RURAL) 8
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PREF. FULL NAME ALBERT F ASHLOCK
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of ~~husband~~ or wife CORA ASHLOCK
6. (c) Age of ~~husband~~ or wife if alive 66 years
7. Birth date of deceased 11 (Month) – 28 (Day) 1871 (Year)

8. AGE: Years 76 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace KANSAS 1
(City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business .....
FATHER
12. Name OBEDIAH ASHLOCK 9
13. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs C. F. Ashlock
(b) Address Prairie Home Mo. R.#1.
17. (a) KANSAS CITY KANS (b) Date thereof 7-5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HIGHLAND PARK KANSAS CITY KANS
18. (a) Signature of funeral director C. ALBERT HORNBECK
(b) Address PRAIRIE HOME MO
19. (a) 7-8-48 (b) Max Meredith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2 year 1948 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from 6-28-1948 to 7-2-1948 that I last saw him alive on 7-2-1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 D
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature A L Meredith M.D. (M.D. or other)
Address Prairie Home Mo Date signed 7/3/48

(Licensed Embalmer's Statement on Reverse Side)

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.