S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

Registration District No. 157

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19802

Primary Registration District No. 3028

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1055 S. Garrison Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME BYRON A. ASH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Enola Ash

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

7. Birth date of deceased October (Month) 17 (Day) 1853 (Year)

8. AGE: Years 94 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Carterville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation investments and loans

11. Industry or business self

MOTHER FATHER

12. Name William Ash

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

MOTHER

14. Maiden name unknown

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

16. (a) Informant Mrs. Charles Fogelman

(b) Address Coffeyville, Kansas,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri,

19. (a) 6-8-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1948 hour 10 minute 55 p.m.

21. I hereby certify that I attended the deceased from March 23 — 1948 to June 6 1948 that I last saw him alive on June 6 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uraemia	
Due to: Chronic nephritis	
Due to: Senility	
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)

While at work? (e) Means of injury

23. Signature L. B. Clinton (M. D. or other)

Address 1246 Grand, Carthage Date signed 6/8/48

48-5-505

SEP 24

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. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.