

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31972

State File No. _____

Registration District No. 30

Primary Registration District No. 5101

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Benton

(b) City or town FAIRFIELD Rural Alexander
(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 Wife _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Benton

(c) City or town WARSAW
(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 DORA ERRARD ASHLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased FEB 4 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1948 to Oct 30 1948.

that I last saw her alive on Oct 30 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 8 26 hr. min.

9. Birthplace Hickory County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {

12. Name Bill Moore

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name MANDA HAWKINS

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Ashley

(b) Address WARSAW, MO

17. (a) BURIAL (b) Date thereof 10/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dooley Bend

18. (a) Signature of funeral director John F. Reser

(b) Address Warsaw, MO

19. (a) Oct-31-1948 (b) Joe A. Logan
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Renia

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 32

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 Health

23. Signature Walter (M: D. or other) _____

Address Warsaw, MO Date signed 10/31/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 10-48-1293
Date Filed 11-8-48

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 John J. Piser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.