

FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32782**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4223**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Wheatley Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
 (Specify whether years, months or days)
 In this community **50 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2015 E. 24th. St. Terr.**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **James G. Ashcraft**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **712-01-8437**

4. Sex **male** 2 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Maude Ashcraft** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **November 27, 1889**
 (Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **17** If less than one day hr. min.

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

10. Usual occupation **janitor**

11. Industry or business **Union Pacific**

12. Name **George Ashcraft**

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

14. Maiden name **unknown**

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

16. (a) Informant **Maude Ashcraft**

(b) Address **2015 E. 24th. St. Terr.**

17. (a) **burial** (b) Date thereof **10-18-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia**

19. (a) **10-18-48** (b) *Sheldine Holmes*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **14**
 year **1948** hour **5** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 11, 1948** to **Oct. 14, 1948**

that I last saw him alive on **Oct. 14, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **chronic nephritis**

Due to **hypertrophied prostate**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 *J. M. Walden* (M. D. or other) **M.D.**
 Address **1238 1/2 St. W.** Date signed **10-16-48**

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.