

REC'D APR 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11212

Do not use this space.

1. PLACE OF DEATH

53 (a) County Laclede Registration District No. 449
 (b) Township _____ Primary Registration District No. 4267 Registered No. _____
 2 (c) City Labanon (d) Street No. Wallace Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 1 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Firman Lee Ashenbush +54 215
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred E. Ashenbush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clk. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labanon Mo13. NAME Lee Ashenbush14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Clara Crow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labanon Mo17. INFORMANT (ADDRESS) Mildred Ashenbush
Labanon Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Labanon DATE 3/14 193819. FUNERAL DIRECTOR (ADDRESS) W. E. Halman
Labanon Mo20. FILED 3-15-38 J. A. McCoub
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1938, to Mar. 12, 1938
 Last saw him alive on Mar 11 8 P.M., 1938. Death is said to have occurred on the date stated above, at 1:55 A.M.

The principal cause of death and related causes of importance were, as follows:

a persistent continuous hemorrhage from renal kidneys & soft tissues complicated by an aneurysm which did not respond to supplemental transfusion. Hemorrhage of moderate force resulting in coma for 48 hr. preceding death.
 Other contributory causes of importance: _____
 Date of onset Feb. 12 1938

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1938
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John D. Moulder, M. D.
 (Address) Labanon Mo.

71a

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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(b) Township Lelbanon Primary Registration District No. 4267 Registered No. _____
(c) City Lelbanon (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lirman Lee Ashenhurst
(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

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from apoplectic anemia
kidney, ed. soft tissues com-

Other contributory causes of importance:
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did not respond to supplemental treat-
ment with the medicine

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) John D. Moulder M. D.
(Address) Lelbanon Mo

