

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24219

Do not use this space.

1. PLACE OF DEATH

(a) County

Jackson

Registration District No.

399

(b) Township

Kaw

Primary Registration District No.

1002

Registered No.

2724

(c) City

Kansas City

(d) Street No.

3660 Summit Roanoke Cor.

(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

(a) Residence, No.

Mrs. Ella V. Ashmore

256

3660 Summit

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

He

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mr. Samuel A. Ashmore

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

Jan 23, 1854

7. AGE

YEARS

84

MONTHS

5

DAYS

14

If LESS than 1 day, hrs. or min.

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

None

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

Weston mo

FATHER

13. NAME

Richard B. Young

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

Unknown

MOTHER

15. MAIDEN NAME

Elizabeth Brookin

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

mo

17. INFORMANT (ADDRESS)

Mrs. Anne Payne Aniba
1604 W6 Topeka KS

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cremation

DATE

July 9, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

W. W. McDonald Sons
Brushcreek + Paseo

20. FILED

7-7

1938

M. M. Crowe, Cash
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 7, 1938

22. I HEREBY CERTIFY That I attended deceased from

April 25, 1938, to July 7, 1938

I last saw her alive on July 5, 1938. Death is said

to have occurred on the date stated above, at 6:25 A.M.

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

Arterio-sclerosis

Date of onset

Other contributory causes of importance

Decubiti & Septicemia

Name of operation

None

Date of

What test confirmed diagnosis?

None

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 _____, 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? Yes

If so, specify _____

(Signed)

J. W. McClellan, M. D.

(Address)

1604 W6 Topeka, Mo.

West Side Bk Bldg
21-8864

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 W. Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcree

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, above space should be left blank.