

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 11 1938 Gentry MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43046

Do not use this space.

1. PLACE OF DEATH by Gentry 2
(a) County Gentry Registration District No. 3/3
(b) Township Miller Primary Registration District No. 0-432
(c) City _____ (d) Street No. _____
(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.
142 Addie Josephine Ashlock
2. PRINT FULL NAME
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 7 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Montgomery
(STATE OR COUNTRY) Iowa

13. NAME George Buss

14. BIRTHPLACE (CITY OR TOWN) Unk nown
(STATE OR COUNTRY) New York

15. MAIDEN NAME Susan Stern

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

17. INFORMANT Jaspere Ashlock
(ADDRESS) Gentryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Gentryville
PLACE DATE Dec. 17, 1938

19. FUNERAL DIRECTOR Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILED Jan 9, 1938 Thornmothershead
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1938, to Dec 6, 1938
I last saw h. er alive on Dec 6, 1938. Death is said to have occurred on the date stated above, at 8:35 A. M.

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

Chronic Myocarditis years.

Other contributory causes of importance:

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) C. I. Gray

(Address) Albany, Mo.

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.)