

DEC 1 JAN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44251

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Indian Creek Primary Registration District No. 3034
 (c) City Moody (d) Street No. 416 Monroe 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

Jerry Wayne Ash
 (a) Residence, No. 4160 Monroe 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15th 1938</u>		
7. AGE	YEARS	MONTHS
		DAYS
		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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Glen Ash</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Leola Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Glen Ash</u> <u>Moody Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moody Mo</u> DATE <u>Dec 17th 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mahan and Son</u> <u>Moody Mo</u>		
20. FILED <u>Dec 22, 1938</u> <u>Ethel Blum</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 16th 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 15th 1938</u> to <u>Dec 16th 1938</u> I last saw him alive on <u>Dec 16th 1938</u> Death is said to have occurred on the date stated above, at <u>6:45 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>unknown, no doubt injury from prolonged labor and at birth.</u> Other contributory causes of importance: <u>160 lb</u> Name of operation: <u>none</u> Date of: <u>no</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury: <u>no</u> Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury: <u>no</u> Nature of injury: <u>no</u> 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>L. E. Huber</u> , M. D. (Signed) <u>no</u> (Address) <u>no</u>

RECEIVED

District Health Officer No. 10

District File Number 10-38-1000

Date Filed 1-9-39

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.....

Frank B D White

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

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.