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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40623
Do not use this space.

1. PLACE OF DEATH
(a) County Ray — Registration District No. 739
(b) Township Camden — Primary Registration District No. 5974 — Registered No.
(c) City Fleming — (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 Ida Louise Ashby
(a) Residence, No. 210 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28 - 1939
7. AGE: YEARS — MONTHS 5 DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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): Fleming Ray Co Mo 0

FATHER
13. NAME: Harvey J. Ashby 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fleming Ray Co Mo 0

MOTHER
15. MAIDEN NAME: Rachel Holloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Ray Co Mo

17. INFORMANT (ADDRESS): Harvey J Ashby Fleming Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hickory Grove Cem. DATE: 8/23 1939
19. FUNERAL DIRECTOR (ADDRESS): Gibson & Son Orrick Mo 664
20. FILED: Jun 1939 Mary Middleton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/22 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 - 1939, to —, 19..
I last saw her alive on Aug 13, 1939 Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

119 b

Other contributory causes of importance:

Enteritis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. E. Gay, M. D.
(Address) Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, C.V. Gibson, Licensed Embalmer No. 2299

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

L. E.

No. or by B.C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed C.V. Gibson

Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)