DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3945

Registration District No. 793 — Primary Registration District No. 6036 — Registrar's No. 1

1. PLACE OF DEATH:

(a) County Saline Twp 2

(b) City or town Elmwood R.F.D. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 75 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Elmwood

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. near Elmwood (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Robert Clifton Ash

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex male — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Drucilla Bailey Ash — 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Mar 2 (Month) 2 (Day) 1886 (Year)

8. AGE: Years 58 53 — Months 10 — Days — If less than one day — hr. — min.

9. Birthplace Saline Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business " "

FATHER
12. Name William F. Ash
13. Birthplace ✓ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary F. Elsie
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs. Martin Penken Jr.

(b) Address Sweet Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge P. Cem. Marshall Mo.

18. (a) Signature of funeral director J. Lubi Surrey

(b) Address Marshall Mo.

19. (a) Jan. 6-1940 (Date received local registrar) (b) Mattie M. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1940 hour 7:45 minute A.M.

21. I hereby certify that I attended the deceased from 12-31-1939, 19..., to Jan 2, 1940 that I last saw him alive on 1-2 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other conditions Hepatic insufficiency (Include pregnancy within 3 months of death) & marked secondary

Major findings: Of operations Anemia

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas R Parsons (M. D. or other) M.D.

Address Sweet Springs Date signed 1-3-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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CEIVED
rict Health Officer No. 8,
ict File Number 11/4/40
Filed

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 J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.