

7-39
K23159

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

Registration District No. 863 Primary Registration District No. 6797 452 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Houston, mo

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME FRANKIE DALE ASHWORTH

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased aug 4 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 22 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Houston mo
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name marion ashworth

13. Birthplace ark.
(City, town, or county) (State or foreign country)

14. Maiden name Edy mas dounley

15. Birthplace Jesse Co. mo.
(City, town, or county) (State or foreign country)

16. (a) Informant marion ashworth

(b) Address Houston, mo.

17. (a) Burial (b) Date thereof 8/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Hayford V. Elliott

(b) Address Houston, mo.

19. (a) 8-26-40 (b) Mabel Sheath
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

(c) City or town Houston, mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 26
year 1940 hour 30 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 4
_____, 1940, to Aug 26, 1940,
that I last saw him alive on August 14
and that death occurred on the date and hour stated above.

Immediate cause of death Brain injury during Birth
Due to Brow presentation

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Henry R. Rosy (M. D. or other) MD
Address Houston, mo. Date signed 8-26-40

Duration

22 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number. 940949

Date 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, fact should be so stated above.