

DEPARTMENT OF COMMERCE  
 BOARD OF THE CENSUS  
 DEC 16 1940

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 39270  
 Registrar's No. 39

Registration District No. 582 Primary Registration District No. 5779

1. PLACE OF DEATH:  
 (a) County MONROE  
 (b) City or town RURAL - JACK. TNS.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5 MI. N.E. OF PARIS  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 84-9-10 (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME JOHN N. ASHBY  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife RHOOR ASHBY  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased JAN. 21 1856  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MONROE Co. Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation RETIRED FARMER

11. Industry or business ✓  
 MOTHER FATHER  
 12. Name DAVID ASHBY  
 13. Birthplace KY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY MILLS  
 15. Birthplace KY  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elice Smith  
 (b) Address Paris, Mo.  
 17. (a) RURAL (b) Date thereof NOV. 2, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation WALNUT GROVE  
 18. (a) Signature of funeral director Speed Blakey  
 (b) Address PARIS, MO.  
 19. (a) 11-1-40 (b) F. R. Bennett, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County MONROE  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 MI. N.E. OF PARIS  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? ✓ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month Nov. day 1  
 year 1940 hour 7 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from Jan 5  
1938 to Nov 1 1940  
 that I last saw him alive on Oct 30, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration: \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 97  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
910 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature M. C. M. Murry (M. D. or other) \_\_\_\_\_  
 Address PARIS, MO. Date signed 11-1-40

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.

RECEIVED

District Health Officer No. 10

District File Number 12-40-93112

Date Filed DEC 13 1940

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 A. C. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, 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.