

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3354

Registration District No. 533

Primary Registration District No. 5713

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Macon
(b) City or town: County Infirmary Rural
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one year
In this community: one year
years, months or days

3. (a) PRINT FULL NAME

George W. Ashby

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced, or single: Single

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased: April 1st 1856
(Month) (Day) (Year)

8. AGE:

Years: 84 Months: 9 Days: 26
If less than one day: 0 hr. min.

9. Birthplace:

Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation:

Retired

11. Industry or business:

12. Name:

OK Ashby

13. Birthplace:

Virginia
(City, town, or county) (State or foreign country)

14. Maiden name:

Elizabeth Funk

15. Birthplace:

Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant:

Mr. William Passy

(b) Address:

County Infirmary Macon & Co

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof:

1-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation:

Brusher Mo.

18. (a) Signature of funeral director:

Stephen & Goodding

(b) Address:

Macon, Mo.

19. (a)

2/6/41
(Date received local registrar)

(b)

Seola Hunter
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Macon
(c) City or town: County Infirmary Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 27
year: 1941 hour: 7 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Jan 27 1941
to Jan 27 1941
that I last saw him alive on Jan 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:

Bronchial pneumonia

Duration

3 days

Due to:

art

Due to:

Other conditions:

Arterio-sclerosis

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: 1-30-41
(c) Where did injury occur?: County Infirmary
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

471

23. Signature:

J F Turner

(M. D. or other)

Address:

Macon, Mo.

Date signed: 2-29-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-327

Date Filed FEB 14 1941

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

C. L. Stephens

Licensed Embalmer No.

3057

P. O. Address

Macon, 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, fact should be so stated above.