

Registration District No. _____

Primary Registration District No. **203**

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Warsaw - Mo - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aristoc Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Robert Lee Ashley

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced U

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

7. Birth date of deceased Jan 4, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Aristoc Twp

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Ashley
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Coradina Smith
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Ashley

(b) Address Warsaw Mo

17. (a) Funeral Home (b) Date thereof 2/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - White Reser

18. (a) Signature of funeral director W. A. Logan

(b) Address Warsaw Mo

19. (a) 2/13/41 (b) W. A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Warsaw & Rural
(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 2 day 12
year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from none
_____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

(Asphyxiation)

Due to too many sleeping in the bed and

Due to Baby smothered

Other conditions Coroners Inquest
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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 2-12-41

(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? _____

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

23. Signature W. A. Logan (M. D. or other) _____

Address Warsaw Mo Date signed 2-12-41

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

RECEIVED

District Health Officer No. 7,

District File Number 3-41-413

Date Filed 3-5-41

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.