

No. 2
-10-39-
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6763

MAR 14 1941
Registration District No. 22

Primary Registration District No. 45264135

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 59 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosalie Mary Ashmead

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife William Ashmead 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb - 8 - 1897
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days - If less than one day - hr. - min.

9. Birthplace Pilot Grove, MO
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name Jacob Gross

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

14. Maiden name Suzie Berger

15. Birthplace unknown, unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Ashmead
(b) Address Pleasant Creek

17. (a) (b) Date thereof 3-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Hays + Jantsch
(b) Address Pilot Grove, Mo

19. (a) Feb. 26/41 (b) Mrs. E.B. M. Pritchard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 4 minute 13A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1936, to Feb 25, 1941; that I last saw h. or alive on 2-25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 14 hrs

Due to Anemia Associated with Purpura and Depressed Bone Marrow Function

Other conditions (Include pregnancy within 3 months of death) 8 1/2 hrs

Major findings: Of operations _____
Of autopsy Yes

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? _____

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

23. Signature J. A. Koley (M. D. or other) ✓
Address Pilot Grove Date signed 2-26-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-6-41

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.....

Myself, Registered Apprentice No.
working under my personal supervision.

Signed *Pepton C. Hayes*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.