S. No. 2
—4-13-40
. 5-17-39
I X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10164

Registrar's No. 367

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community Three years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 308½ Felix Street (If rural, give location)

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

3. (a) PRINT FULL NAME Charles Thomas Ash

3. (b) If veteran, name war None

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 December (Month), 9 (Day), 1858 (Year)

8. AGE: Years 82, Months 3, Days 21, If less than one day hr. min.

9. Birthplace Platt County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name Unknown Ash
13. Birthplace Unknown, (City, town, or county) / Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) / Kentucky (State or foreign country)

16. (a) Informant Records of Social Security

(b) Address 10th and Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mrs. E.R. Sidenfaden Home

(b) Address 602 South 10th Street

19. (a) March 31-1941 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 6 minute 35 A M.

21. I hereby certify that I attended the deceased from 3-28, 1941, to 3-30, 1941 that I last saw him alive on 3-30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-Vascular Renal Disease

Due to Hypertension

Due to Senility

Other conditions (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

(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? (Specify type of place)

85

While at work? (e) Means of injury

23. Signature Ira W. Wiley (M. D. or other)

Address Kirkpatrick Bldg. Date signed 3/31/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Mollie E. Sidenfaden, Registered Apprentice No. 145, working under my personal supervision.

Signed R. V. Wenst.

Licensed Embalmer No. 3876

P. O. Address St Joseph 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.