

STANDARD CERTIFICATE OF DEATH

Registration District No. 625

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Mariemont Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 days
(Specify whether
In this community Most of Life
years, months or days)

3. (a) PRINT FULL NAME Mrs Ella Ashworth

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept Feb - 7 - 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Michael Cochran

13. Birthplace Lansville 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Cochran

15. Birthplace Unknown 1 Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie E. Ashworth
(b) Address Grant City Mo.

17. (a) Burial (b) Date thereof 5-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham I.O.O.F.
(d) Signature of funeral director Campbell Funeral Home
(e) Address 95 1/2 South Main Mariemont Mo

19. (a) May 5-41 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Mariemont
(If outside city or town limits, write "RURAL")
(d) Street No. 403 West 2nd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1941 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-30
1941 to 5-3 1941
that I last saw her alive on 5-3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to Fractured pelvis & undetermined internal injuries
Due to Paralytic ileus (Trauma from same)
Other conditions hemorrhage from placenta
(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) accident

(b) Date of occurrence 4-30-41 11:14

(c) Where did injury occur? Mariemont Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in public street
(Specify type of place) (e) Means of injury automobile

23. Signature Fred E. G. G. G. (M. D. or other) _____
Address Mariemont, Mo. Date signed 5/5/41

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

MOTHER FATHER

17026
98

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.....

William Campbell

....., Registered Apprentice No.

working under my personal supervision.

Signed: *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Marville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 185-64

Registration District No. 625

Primary Registration District No. 3031

Registrar's No.

1. PLACE OF DEATH:

(a) County Madison

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

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Ella Ashworth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 Shock
Acute Pulmonary Edema

8. AGE: Years 68 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

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

Due to fractured pelvis and undetermined internal injuries

Other conditions Paralytic ileus
hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: collision

(a) Accident, suicide, or homicide (specify) all automobiles

(b) Date of occurrence 4-30-1941

(c) Where did injury occur? Maryville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Blue street
(Specify type of place)

While at work? no (e) Means of injury 2 automobiles

23. Signature John E. Gley (M. D. or other) _____
Address Maryville, Mo Date signed 5/5/41

SUPPLEMENTAL

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

MOTHER FATHER

S-18564 1941