

Registration District No. 684

Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Ashley Lewis Rathburn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Annie Rathburn 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 7 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Mt Sterling / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jared Lewis Rathburn

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

14. Maiden name Mary Twombler

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

16. (a) Informant's own signature Annie Rathburn

(b) Address Bowling Green MO

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

(c) Place: burial or cremation Kilby Cemetery

18. (a) Signature of funeral director Wm J. ...

(b) Address Bowling Green MO

19. (a) 5-9-41 (b) W. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Bowling Green
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1941 hour 6 P. minute _____ M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 5, 1941; that I first saw him alive on May 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

Due to Influenza
Due to 73 N

Other conditions (Include pregnancy within 3 months of death)

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 _____
(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) While at work _____ (e) Means of injury _____

23. Signature W. M. ... (M.-D. or other) MD
Address Bowling Green Date signed 5/8/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 1081

CEIVED
District Health Officer No. 10
File Number 6-4-1065
Filed JUN 2 - 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 *Grace Dunfriad*

Licensed Embalmer No. *2204*

P. O. Address *Bowling Green*

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.