

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28920

FILED SEP 13 1941

Registration District No. 274

Primary Registration District No. 6261

Registrar's No.

1. PLACE OF DEATH:

(a) County NEW MADRID  
(b) City or town RUAL Lewis twp  
(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  
In this community BORN HERE (Specify whether years, months or days)

3. (a) PRINT FULL NAME SHARRON K ASHCRAFT  
3. (b) If veteran, NO name war. 3. (c) Social Security No. NO

4. Sex F / race W  
5. Color or W  
6. (a) Single, widowed, married, divorced Scheld  
6. (b) Name of husband or wife ARTHUR ASHCRAFT  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JULY 2 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
I 27 hr. min.

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

10. Usual occupation NON

11. Industry or business NON

MOTHER FATHER { 12. Name ARTHUR ASHCRAFT  
13. Birthplace ARK (City, town, or county) (State or foreign country)  
14. Maiden name ANNIE TURNER  
15. Birthplace ARK (City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR ASHCRAFT  
(b) Address LILBOURN, MO.

17. (a) Burial, cremation, or removal WOODBURN, MO. NOV 8 1941 (b) Date thereof 8/31 41 (Month) (Day) (Year)

(c) Place: burial or cremation CUTTER, MO

18. (a) Signature of funeral director E. E. Jones

(b) Address LILBOURN, MO

19. (a) 9/6/41 (b) E. E. Jones (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

MO. New Madrid 72  
(a) State MO. (b) County New Madrid  
(c) City or town LILBOURN (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 AUG day 29, 1941  
year hour 10 Pm. minute

21. I hereby certify that I attended the deceased from July 15 to Aug 11, 1941  
that I last saw him alive on Aug 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown  
Maternal death  
Due to baby 8 mo

Due to 15A  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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) (c) Means of injury

23. Signature E. E. Jones (M. D. or other)  
Address New Madrid Mo signed 9-6-41

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

SEP 29 1941

RECEIVED

District Health Office No. 2,

District File Number 941-1326

Date Filed 9/11/41

---

**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.**