

5. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34489
Registrar's No. 298

FILED NOV 13 1941
Registration District No. 169

Primary Registration District No. 3008

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

1. PLACE OF DEATH: Callaway
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution State Hospital No 1
(d) Length of stay: In hospital or institution 274 (Specify whether 3d)
In this community 3d years, months or days

3. (a) PRINT FULL NAME Robert E Ashburn
(b) If veteran, name war DK
(c) Social Security No. DK

4. Sex Mr 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased South Kansas
(Month) (Day) (Year)

8. AGE: Years about 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation SK

11. Industry or business _____

12. Name SK
13. Birthplace SK (City, town, or county) (State or foreign country)

14. Maiden name SK
15. Birthplace SK (City, town, or county) (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director Ed Thomas
(b) Address 902 Market St Fulton MO

19. (a) Nov 4 1941 (Date received local registrar) (b) R. N. Crewe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pike County
(c) City or town _____ (If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1941 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from 10/20/1941 to 10/31/1941; that I last saw him alive on 10/31/1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to 998
Due to _____

Other conditions Infantile Paralysis
(Include pregnancy within 3 months of death)

Major findings: Autopsy - Chronic Myocarditis, Sanguineous atelectasis, thickening and calcification of the aorta, also arteriosclerosis within the aorta
Of autopsy also arteriosclerosis

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature George W Beard (M. D. or other) D 10/31/41
Address Fulton MO Date signed _____

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, fact should be so stated above.