

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35864

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 34 yrs
years, months or days)

3. (a) PRINT FULL NAME Mattie Leola Ash

3. (b) If veteran, name war. 3. (c) Social Security No. 491-07-2857

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glen Ash 6. (c) Age of husband or wife if alive 16th years (Day) (Year)
7. Birth date of deceased Aug 16th 1925 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 2 3 hr. min.

9. Birthplace 0 mo
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Boyd Wright 13. Birthplace 0 mo
(City, town, or county) (State or foreign country)
14. Maiden name Ivy Gillin 15. Birthplace 0 mo
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Ash
(b) Address Moberly, Mo.
17. (a) Burial (b) Date thereof Oct 21st 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo.
19. (a) Oct 21-41 (b) Paul H. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Cleveland Ave
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th
year 1941 hour 4 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct. 12 1941 to Oct. 19 1941;
that I last saw her alive on Oct. 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Septisemia Duration

Due to Saber

Due to

Other conditions 1498
(Include pregnancy within 3 months of death)

Major findings: Cesarean section, Oct. 17/41
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R.D. Streeter (M.D. or other) M.D.
Address Moberly, Mo. Date signed Oct. 21 1941

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 15 1941

RECEIVED

District Health Officer No. 10

District File Number 11-41-2053

Date Filed NOV 13 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.....

Frank J. DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly, 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.