No. 2
1-4-41
-17-39
X26300

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 8-3-8840

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39677

Primary Registration District No. 609818, 610 2

Registrar's No.

1. PLACE OF DEATH:

(a) County: Stoddard Co. Duck Creek Twp

(b) City or town: Dudley, R. 1.
(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: 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

(c) City or town: Dudley, Mo. R. 1. 103
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William James Ashworth

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, divorced: Widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 7 (Day) 1870 (Year)

8. AGE: Years 71 Months 4 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Dexter, Mo. R. 3 (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: William J. Ashworth
13. Birthplace: (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name: Caldonia Brawlery
15. Birthplace: (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant: W. H. Ashworth
(b) Address: Dudley, Mo. R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Sycamore Cemetery

18. (a) Signature of funeral director: Watkins Funeral Service
(b) Address: Dexter, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Mch 15 1941 to Nov. 10 1941 that I last saw him alive on June 5th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: —

Of autopsy: No

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): No
(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: S. S. Dove (M. D. or other) D
Address: Dexter, Mo. Date signed: 11/10/41

(Licensed Embalmer's Statement on Reverse Side)

Dam

RECEIVED
District Health Office No.
District File Number 1241-16
Date Filed 12/9/48

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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39677

Registration District No. 840 Primary Registration District No. 6102 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 4 PERMANENT RECORD.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dudley
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Dudley Rt 1
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William J. Ashworth

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

4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7 1852 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days If less than one day hr. min.

9. Birthplace Dexter Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Self

FATHER
12. Name Wm. J. Ashworth
13. Birthplace Unknown Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caldonia Bawley
15. Birthplace Unknown Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant H. R. Ashworth
(b) Address Rt 1 Dudley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sycamore Cemetery
18. (a) Signature of funeral director Watkins Funeral Home
(b) Address Dexter, Mo.
19. (a) 1-24, 1941 (Date received local registrar) (b) J. H. Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1941 hour 2 minute A 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY