

1999

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 176

Primary Registration District No. 5265

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Rural Union Twp  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark  
(c) City or town Rural Union Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Ash

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

4. Sex F. M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife F. W. Ash 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 8, 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Henry Hanson

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

14. Maiden name Martha Gray

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

16. (a) Informant Mrs. Anna Moore

(b) Address Rohoka Mo.

17. (a) Burial (b) Date thereof 12.14.1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Fred J. Karle

(b) Address Rohoka Mo.

19. (a) Jan 10, 1942 (b) Lula Ann Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12<sup>th</sup>  
year 1941 hour 3.45 minute P. M.

21. I hereby certify that I attended the deceased from 1-2-1940 to Dec. 12 1941  
that I last saw him alive on 12-12-1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Infection  
Due to Fibroid tumor of the uterus  
Dued to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 56 lb  
Of autopsy \_\_\_\_\_

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 [Signature] M.D. or other \_\_\_\_\_  
Address Rohoka Mo. Is he signed \_\_\_\_\_

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

23000

FEB 6 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-148

Date Filed JAN 27 1942

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 Fred J. Karla  
Licensed Embalmer No. 1023  
P. O. Address Kahoka 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.