

FILED JAN 30 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
203 N MADISON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
45 YRS. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME NANCY H. ASHENHURST

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOW
(b) Name of husband or wife W E ASHENHURST 6. (c) Age of husband or wife if alive years 22 1858
7. Birth date of deceased (Month) APR (Day) 22 (Year) 1858

8. AGE: Years 83 Months 8 Days 9 If less than one day hr. min.

9. Birthplace NEAR PEORIA ILL 1 (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

12. Name JACOB HILDERBRAND
13. Birthplace VA 1 (City, town, or county) (State or foreign country)
14. Maiden name NANCY WENTZ
15. Birthplace 1. MARYLAND (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Fulbright
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 1 3 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO

19. (a) Jan - 5 1942 (b) Grace Roper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 203 N MADISON
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-1-42 to 1-1-42
that I last saw him alive on 1-1-42 and that death occurred on the date and hour stated above.
Immediate cause of death Ch. myocaulitis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 938

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?

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

23. Signature James Comb (M. D. or other)
Address Date signed 1/5/42

RECEIVED

District Health Officer No.

District File Number 1-42-44

Date Filed 1-29-42

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

Allyn Dethage, Registered Apprentice No. 294,
working under my personal supervision.

Signed W. B. Baber

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.