

Registrar's N.

Primary Registration District No. 4451

(a) State Mo. (b) County Ripley.
(c) City or town Doniphan.
(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 _____

20. DATE OF DEATH: Month Nov. day 4,
year 1941 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 1 - 1941
 _____, 19____, to Nov 4 1941
 that I last saw him alive on Nov 3 - 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to 10/1/54 10/1/54

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:

(g) 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) _____ Means injury

23. Signature [Signature] (M. D. or other)

Address Asinuk Road No. 100 Date signed _____

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

10. Usual occupation.....

11. Industry or business Infant

13 Name Willard Ashcroft

Dorchester Massachusetts

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

14. Maiden name NOXIE FRYE,

15. Birthplace.....Oregon County, Mo.....
(City or town or county) (State or foreign country)

Willard Ashcroft Father

Doniphan, Mo

Printed at the Government Printing Office, New Delhi, India.

17. (b) ~~DATE OF BURIAL~~ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director F. E. Jordan.

(b) Address: Doniphan, Mo. *W K A*

19. (a) 11-8-1944 (b) C. J. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Dist. Health Officer No. 5,

File Number 12412110

Date filed _____

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.