

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 1889Registrar's No. 64Registration District No. 1942 8Primary Registration District No. 20 32

## 1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bochwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Marie Elizabeth Ashcraft3. (b) If veteran, name war. 3. (c) Social Security No. 1

4. (a) Sex Female 5. Color or race White 6. (a) Single, widowed, married Married  
6. (b) Name of husband or wife E. S. Ashcraft 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased April 2 - 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months Days If less than one day hr. min.9. Birthplace Prairie Home, Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name K. M. Siebert13. Birthplace Prairie Home Mo  
(City, town, or county) (State or foreign country)14. Maiden name Katherine Scholtz15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant E. S. Ashcraft(b) Address Pleasant Green, Mo17. (a) Burial (b) Date thereof 2-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Green18. (a) Signature of funeral director Raymond(b) Address Pleasant Green19. (a) 2/7/42 (b) Miss Anna Berger  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Pleasant Green 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7  
year 1943 hour 11 minute 00 a M.21. I hereby certify that I attended the deceased from Aug 23  
1942 to February 7, 1942that I last saw her alive on February 7, 1942  
and that death occurred on the date and hour stated aboveImmediate cause of death. Shock Suzanne  
DurationDue to Operation removal of  
slump of cervix for recurrent  
Due to hydrotic moleOther conditions. 41  
(Include pregnancy within 3 months of death)Major findings: Pain hydrotic mole  
Of operations accident involving parietal  
Of autopsy ovary

## 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 h23. Signature Chris D. Osborne (M. D. or other)Address 1132 E. 4th - Sedalia Mo Date signed 2-7-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-12-42

praf

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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Lewis F. Parker*

Licensed Embalmer No.

*3840*

P. O. Address

*Otterville, 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.