

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7580

Registrar's No. 38

FILED MAR 16 1942

Registration District No. 135

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County. Randolph  
(b) City or town. Moberly (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME. Hester Ash

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

4. Sex. female 5. Color or race. white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife. William A. Ash 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. 8 31 1843  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
98 5 17 hr. min.

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

10. Usual occupation. at home

11. Industry or business.

12. Name. Francis Watson  
13. Birthplace. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name. Julia Roarkwood  
15. Birthplace. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Lillian Frank  
(b) Address. Moberly, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof. 2/19/42  
(Month) (Day) (Year)

(c) Place: burial or cremation. sunset hill

18. (a) Signature of funeral director. Paul C. Thompson

(b) Address. Moberly, Mo.

19. (a) 2/19/42 (b) Dr. M. H. Haver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Randolph  
(c) City or town. Moberly (If outside city or town limits, write "RURAL")  
(d) Street No. 117 1/2 E. Coats (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Feb day. 18  
year. 1942 hour. 3 minute. 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 10 to Feb. 18, 1942,  
that I last saw him alive on Feb. 18, 1942,  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Scurvy

Due to. 1628  
Due to.

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

Major findings: Of operations.

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. J. J. Ash (M. D. or other)  
Address. Moberly, Mo. Date signed 2/19/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-42-358

Date Filed

MAR 10 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

*A. Rickard (Deceased)*

Registered Apprentice No.

309

working under my personal supervision.

Signed

*Frederic G. Thompson*

Licensed Embalmer No.

1420

P. O. Address

*Madison, 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.