V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10980

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 89

1. PLACE OF DEATH: N Jasper
(a) County Newton
(b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Derfelt Hospital 2124 Joplin St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 073
(a) State Missouri (b) County Newton
(c) City or town Diamond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R7D #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JOHN ASHBY
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 20. 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Webb City Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name John Ashby
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret DeWitt
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant R. P. Skinner
(b) Address Diamond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Neosho Mo.
19. (a) 3-19-42 (Date received local registrar) (b) G. Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 15 year 1942 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 14, 1942, to March 15, 1942; that I last saw him alive on March 14, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. O. Martin (M. D. or other) D.O.
Address Diamond, Mo. Date signed 3-15-42

(Licensed Embalmer's Statement on Reverse Side)

42.3-252.

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 J. E. Bigham

Licensed Embalmer No. 2689

P. O. Address Neosho, 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, above space should be left blank.