

FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13716

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Benton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 6 mo
years, months or days)

3. (a) PRINT FULL NAME CATHERINE M. ASHFORD

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

4. Sex F 1. Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct 17 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 25 hr. min.

9. Birthplace 1 Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Henry E. Sugman
13. Birthplace 1 Ohio
14. Maiden name Roseanne Park
15. Birthplace 1 Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Berry Miller

(b) Address Benton, Mo.

17. (a) removal (b) Date thereof Apr 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin mo

18. (a) Signature of funeral director Baldwin

(b) Address Benton mo.

19. (a) April 15 (b) Mrs. B. E. Ashford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County 7
(c) City or town..... (If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Sept 22 1941 to 4-17-42 1942
that I last saw him alive on 2-24- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to Carcinoma
right cervical glands

Due to.....

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

Major findings:
Of operations..... 552
Of autopsy.....
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 W. H. Woodruff (M. D. or other) D

Address Benton mo Date signed 4/15/42

RECEIVED

District Health Officer No. 7,

District File Number 5-42-526

Date Filed 5-14-42

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.....
.....Registered Apprentice. No.....
working under my personal supervision.

Signed

Licensed Embalmer No. 2576

P. O. Address Burlingame, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18716

Registration District No.

Primary Registration District No. 3004

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 mos years, months or days)

3. (a) PRINT FULL NAME Catherine M. Ashford

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct - 17 - 1894
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 3 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 103 E. Pleasant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
55e

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)
(c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

1942

131542

101022