

FILED MAY 23 1947  
Registration District No. 303

Primary Registration District No. 5669

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Meadville Parson Creek Twp. R.F.D.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 11 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58  
(c) City or town Meadville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#1  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Isabelle Ash

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife George W. Ash 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased December 16, 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 10 If less than one day by min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Bill Breaks

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Jackson

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant George Washington Ash

(b) Address Medville Mo

17. (a) (Burial, cremation, or removal) Meadville Mo (b) Date thereof Apr. 29-47  
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo

19. (a) April 27-47 (b) Raymond Weir  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 42  
year 42 hour 8 minute A M.

21. I hereby certify that I attended the deceased from April 24, 1942 to April 25, 1942  
that I last saw her alive on April 26 42, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy

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 Ed Weir (M. D. or other)

Address Meadville Mo Date signed 4-26-47

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**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

*Frank L. Smiley*

Licensed Embalmer No. *470*

P. O. Address *Whedding Ms.*

**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.**