

FILED MAY 7 1943 1

Primary Registration District No. 4436

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Clifton Hill, Mo.  
(b) City or town Clifton Hill, Mo.  
(c) Name of hospital or institution at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs  
(Specify whether years, months or days)  
In this community 2 yrs

3. (a) PRINT FULL NAME

Samuel Woodson Ashby

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Laura Ashby 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased May 26, 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Daniel Ashby

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Hennetta Bull

15. Birthplace Howard Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo. J. Eckles

(b) Address 8612 Charleston Lane St. Louis

17. (a) Burial (b) Date thereof 4 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashby Cemetery

18. (a) Signature of funeral director Ed. G. Thompson

(b) Address Madison, Mo.

19. (a) 4/19-42 (b) Mr. P. A. Dwyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph  
(c) City or town Clifton Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. M<sup>o</sup> Fair St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19 year 1942 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942 to April 18, 1942  
that I last saw him alive on April 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 W. B. Alexander (M. D. or other)

Address Clifton Hill, Mo. Date signed

RECEIVED

District Health Officer No. 10

District File Number 5-42-894

Date Filed MAY 6 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.....

R. Richard Brown  
working under my personal supervision.

Registered Apprentice No. 309

Signed.....

Paul G. Thompson

Licensed Embalmer No. 1426

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.