

FILED JUN 5 1942

Registration District No. 143

Primary Registration District No. 4445

Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orrick
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community all her life - 66 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Orrick Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. no
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country no

3. (a) PRINT FULL NAME Martha Ashley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14th
year 42 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 16 1942 to May 5 1942
that I last saw her alive on May 5 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Ashley Deasard 6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased: 5 (Month) 10 (Day) 1876 (Year)

Immediate cause of death Acute Myocarditis 2 weeks

Due to Chronic interstitial nephritis Urinary

8. AGE: Years 66 Months 0 Days 4 If less than one day no hr. min.

Due to Chronic interstitial nephritis Urinary

Other conditions (Include pregnancy within 3 months of death) 13/0

9. Birthplace Ray County North west of Orrick Mo (City, town, or county) (State or foreign country)

Major findings: Of operations 13/0

Of autopsy 13/0

PHYSICIAN Virgil E. Shale
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business no

MOTHER FATHER { 12. Name Ben F. Tucker

{ 13. Birthplace Ray Co North west of Orrick Mo (City, town, or county) (State or foreign country)

{ 14. Maiden name Clara Frakes

{ 15. Birthplace Ray Co North west of Orrick Mo (City, town, or county) (State or foreign country)

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 0

16. (a) Informant Char. Ashley

(b) Address Orrick Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Union Church Bury

18. (a) Signature of funeral director C. D. Gibson

(b) Address Orrick Mo

19. (a) May 15/42 (Date received local registrar) (b) Giffis F. Simmons (Registrar's signature)

23. Signature Virgil E. Shale (M. D. or other) 0

Address Orrick, Mo. Date signed May 15, 42

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

39
0
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-4-42

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.....

C. V. Gibson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Oriskany 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.