

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1942

Registration District No. 135

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3034

State File No.

Registrar's No. 114

1. PLACE OF DEATH:

(a) County. ~~MONROE~~ RANDOLPH
(b) City or town. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MCGORMICK HOSP. (D)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-4 HOURS
(Specify whether years, months or days)
In this community 24 YEARS AROUND GRAVILE

8. (a) PRINT

FULL NAME. HASEL MAE ASHFORD

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex

F /

5. Color or

race W

6. (a) Single, widowed, married,

divorced MARRIED

6. (b) Name of husband or wife

WALTER RAYMOND ASHFORD

6. (c) Age of husband or wife if

alive 30 years

7. Birth date of deceased

NOV 20 1916

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

23

6

18

hr.

min.

9. Birthplace

MONROE, Co.

(City, town, or county)

MO.

(State or foreign country)

10. Usual occupation

HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name. WILLIAM VORTON FISHER

13. Birthplace

LINCOLN, Co.

(City, town, or county)

MO.

(State or foreign country)

14. Maiden name

ELLY KEMPER

15. Birthplace

LINCOLN, Co.

(City, town, or county)

MO.

(State or foreign country)

16. (a) Informant's own signature

Walter R. Ashford

(b) Address

HOLIDAY, MO. 2FD43

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

JUNE 19 1942

(Month) (Day) (Year)

(c) Place: burial or cremation

SHELBY, MO.

18. (a) Signature of funeral director

Jacobs & Blakes

(b) Address

Paris, Mo.

19. (a) June 8-42

(Date received local registrar)

(b) Irma Havel

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. MONROE
(c) City or town. RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. E. N. of Granville
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8
year 42 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 6-8
1942 to 6-8 1942

that I last saw her alive on 6-8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Second and 3rd degree burn over entire body.
Duration 2 hrs.

Due to Starting fire with gasoline.

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) accident.
(b) Date of occurrence 6-8-42 7:00 P. M.
(c) Where did injury occur? Holiday Inn, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on farm
(Specify type of place)
While at work? Yes (e) Means of injury Burned

23. Signature J. P. McConick (M. D. or other) did
Address Maebury Date signed 6-8-42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1488

Date Filed JUL 21 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.