

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942 138

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24408

Registration District No. 260 Primary Registration District No. 6274-5524 Registrar's No. 1

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

1. PLACE OF DEATH
(a) County Hickory
(b) City or town Jardon - Rural
(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 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charley Ashley
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex ma 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Predy Ashley 6. (c) Age of husband or wife if alive, years _____
7. Birth date of deceased Aug 7, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

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

16. (a) Informant Warren Ashley
(b) Address Jardon - Mo

17. (a) Burial (b) Date thereof 7/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Bend

18. (a) Signature of funeral director W. H. Luckey
(b) Address Wheatland Mo

19. (a) July 18 - 42 (b) Mary Carlston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Hickory
(c) City or town Jardon - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from June 25
1942 to July 9 1942
that I last saw him alive on July 9 and that death occurred on the date and hour stated above. at 12 midnight

Immediate cause of death Acute circulatory collapse and Cardiac dilatation.
Due to Chronic myocarditis
Due to _____
Other conditions Tubercular meningitis
(Include pregnancy within 3 months of death)

Duration 3 days
Physician _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy 13 ft

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. H. Luckey (M. D. or other) DO.
Address Cross Timbers Mo Date signed Jul 14 1942

RECEIVED

District Health Officer No. 7,

District File Number 8-42-901

Date Filed 8-10-42

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

J. L. Lacey

Licensed Embalmer No. 12982

P. O. Address Chesapeake

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.