

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34565

State File No. \_\_\_\_\_

FILED NOV 4 1948  
Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 12

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

1. PLACE OF DEATH:  
 (a) County Platte  
 (b) City or town Weston  
 (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 10  
 In this community \_\_\_\_\_ years, months or days (Specify whether)

3. (a) PRINT FULL NAME Maggie B. Ashcraft Neal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John J. Neal 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased nov. 18 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>29</u>	hr. _____ min.

9. Birthplace Mount Olivet Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Ellis Ashcraft

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

14. Maiden name Emily Humble

15. Birthplace unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant John J. Neal (b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Oct. 19/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cem.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) Oct. 19-42 (b) Mrs. Clara Gilfee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 83  
 (a) State Missouri (b) County Platte  
 (c) City or town Weston (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1942 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from February, 27, 1942 to 1942

that I last saw her alive on February, 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 yr.

Due to High blood pressure

Due to ✓ Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations no operations. PHYSICIAN \_\_\_\_\_

Of autopsy none made. Underline the cause to which death should be charged statistically.

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 Lewis C. Calvert (M. D., certifier) Address Weston, Mo. Date signed 10/20/42

1007 (Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. Platts

District File Number 11-4284

Date Filed 11-3-42

**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 W. A. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.**