

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36538

FILED DEC 10 1942

State File No.

Registration District No. 2

Primary Registration District No. 3001

Registrar's No. 32

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
702 E. HIGHWAY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 years (Specify whether years, months or days)
In this community: 9 years

3. (a) PRINT FULL NAME PAULINA ETHEL ASH

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 ELBERT 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased: JAN 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 10 hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JAMES D. TROWER
13. Birthplace PIKE Mo.
(City, town, or county) (State or foreign country)
14. Maiden name MARY Hobbs
15. Birthplace PIKE Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otis Ash
(b) Address St. Louis, Mo.

17. (a) BURIAL (b) Date thereof Nov 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VANDALIA, Mo.

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo.

19. (a) Nov 24 1942 (b) Mallie Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN
(c) City or town VANDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 702 E. HIGHWAY
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1942 hour 1 minute 31 A.M.

21. I hereby certify that I attended the deceased from November 7 1942 to November 23 1942
that I last saw her alive on November 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis-chronic
Duration 1 year

Due to Hypertension 3 years

Due to

Other conditions Chronic Nephritis 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
1316
PHYSICIAN
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?

(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas X. Sawyer, M.D. (M. D. or other)
Address Vandalia, Mo. Date signed 11/23/42

RECEIVED

District Health Officer No. 10

District File Number 12-42-4021

Date Filed Dec-8-1942

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia, 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.