

**FILED FEB 27 1943**

Registration District No. **194349**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution Wesley Hospital, 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 In this community 30 years  
 years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7607 Indiana  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country x

**3. (a) PRINT FULL NAME** Pincard E. Ashmore,

**3. (b) If veteran,** name war no. **3. (c) Social Security** No. 495-09-4308

**4. Sex** Male **5. Color or** White **6. (a) Single, widowed, married,** Married  
**6. (b) Name of husband or wife** Norabel Ashmore, **6. (c) Age of husband or wife if** Unknown  
 years

**7. Birth date of deceased** April 11 1874  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days 28 If less than one day  
68 9 28 hr. min.

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

**10. Usual occupation** Cement Finisher

**11. Industry or business** Construction

**12. Name** William M. Ashmore,

**13. Birthplace** Illinois  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Unknown,

**15. Birthplace** Unknown,  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Norabel Ashmore,

**(b) Address** 7607 Indiana, Kansas City, Mo.

**17. (a)** Burial **(b) Date thereof** 2-11-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Moriah Cemetery

**18. (a) Signature of funeral director** Stina & McClure,  
**(b) Address** 3235 Gillham Plaza, K. C., Mo.

**19. (a)** 2-11-43 **(b)** W. M. Ashmore  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 9th  
 year 1943 hour 2:35 minute a. M.

**21. I hereby certify that I attended the deceased from** 2/2 1943 2/9 1943  
 that I last saw him alive on 2/8 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
 Due to Acute Myo Carditis

Due to 92a

Other conditions 92a  
 (Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 2 days

**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?** \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

**23. Signature** D. R. Russell (M. D. or other) \_\_\_\_\_  
**Address** 3235 E. 11th Date signed 2/10/43

Dr. D. N. Russell

3011 A Indys Ave

P.M.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

J. Clair Sheppard

Licensed Embalmer No. 479

P. O. Address K. C. Ind.

**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.**