

MAR 16 1943

Registration District No. 6

Primary Registration District No. 5235

Registrar's No. 3

1. PLACE OF DEATH:

(a) County CEDAR
(b) City or town RURAL - BENTON TWP
(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 (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME ALICE ASHDOWN

3. (b) If veteran, name was No. 3. (c) Social Security No. NONS

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive / years

7. Birth date of deceased JULY 7 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name William Ashdown

13. Birthplace England? (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kelley (City, town, or county) (State or foreign country)

15. Birthplace Wis I (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie A Goodson

(b) Address 1330 W. Cedar Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1943 (Month) (Day) (Year)

(c) Place: burial or cremation WRIGHT (Cem)

18. (a) Signature of funeral director E. W. Sideri

(b) Address El Dorado Springs Missouri

19. (a) 2-12-43 (Date received local registrar) (b) J. P. Schack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR
(c) City or town RURAL - BENTON TWP
(If outside city or town limits, write "RURAL")

(d) Street No. / (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Dec 25 1942 to Feb 5 1943 that I last saw her alive on Feb 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

23. Signature E. W. Sideri (M. D. or other) Address El Dorado Springs Date signed 2-6-43

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

2000

106

RECEIVED

Dist of Health Cert No.

County File No. 2-43-3

Date Filed 3-3-43

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

O. B. Sanders

Licensed Embalmer No.

3250

P. O. Address

El Dorado Springs 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.