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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1943

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

13818

State File No.

Registrar's No. 112

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State BUTLER (b) County BUTLER 12 0 0

(c) City or town DULIN MO
(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 1

3. (a) PRINT FULL NAME JESSE ASHCRAFT

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 7 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	7	29	hr. min.

9. Birthplace BALLARD CO (City, town, or county) KY 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WILLIAM ASHCRAFT
13. Birthplace (City, town, or county) KY 1 (State or foreign country)

MOTHER
14. Maiden name CELIA ANN GAY
15. Birthplace BALLARD CO (City, town, or county) KY 1 (State or foreign country)

16. (a) Informant Ray Piatt
(b) Address Dulin Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dulin Cem.

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo.

19. (a) 4-19-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 6"
year 1943 hour 4" minute 15 A M.

21. I hereby certify that I attended the deceased from 4-5, 1943 to 4-6, 1943
that I last saw him alive on 4-6, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of stomach	
Due to	
Due to 46b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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 [signature] (M. D. or other)
Address Poplar Bluff Mo Date signed

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(Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

APR 26 1948

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.