

65

JUL 7 1943  
Registration District No. 141

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County HOWELL  
(b) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
WEST MAIN ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether  
In this community 11 YEARS (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME MAY ELIZA ASHLEY

3. (b) If veteran, name war - 3. (c) Social Security No. -

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

6. (b) Name of husband or wife J. C. ASHLEY 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY 21, 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 16 If less than one day hr. min.

9. Birthplace CARROLLTON, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER  
12. Name JAMES BRISCOE  
13. Birthplace FRANKFORT, KY.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET HUDSON  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant JIM PLUNKETT

(b) Address WEST PLAINS, Mo.

17. (a) BURIAL (b) Date thereof JUNE 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BENTON AVE. HOWELL Co., Mo.

18. (a) Signature of funeral director Hal Thompson

(b) Address WEST PLAINS, Mo.

19. (a) 6-15-43 (b) Hal Thompson  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL  
(c) City or town WEST PLAINS  
(If outside city or town limits, write "RURAL")  
(d) Street No. WEST MAIN ST.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7,  
year 1943 hour 5: minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct, 1936 to June 7, 1943;  
that I last saw h. aw alive on June 6, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of left femur  
general a Duration 5-20-43

Due to  
Due to

Other conditions Hypertensive Myocarditis 10 yr.  
(Include pregnancy within 3 months of death)

General Atherosclerosis  
Major findings: Of operations

Of autopsy Aut.  
18

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental fall  
(b) Date of occurrence 5-20-43  
(c) Where did injury occur? West Plains Howell, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) Fall  
(a) Means of injury

23. Signature E. C. Cohen (M. D. or other) Mo.  
Date signed 6-10-43  
Address West Plains, Mo.

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

RECEIVED

District Health Officer No. 5,

District File Number 643404

Date Filed 7-6-72

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**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, Hal Thornburgh,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Hal Thornburgh

Licensed Embalmer No. 3A08

P. O. Address West Plains, 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.**