

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31138**

ED OCT 11 1943

Registration District No. **38**

Primary Registration District No. **2006 57-20**

Registrar's No. **222**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**613 Ann St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... **81 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **613 Ann St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ISABELLE VERNON ASHLOCK**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **W.W. Ashlock** 6. (c) Age of husband or wife if alive **1861** years  
7. Birth date of deceased **12 3 - 1861**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **14** If less than one day hr. min.

9. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **William Sinclair**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Katherine Brown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Claude Baumgartner**  
(b) Address **613 Ann St., Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **9-19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Millersburg**

18. (a) Signature of funeral director **Parker Funeral Service**  
(b) Address **Columbia, Mo.**

19. (a) **9-18-43** (b) **Ethna H Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**  
year **1943** hour **7:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-15-**  
**1943** to **9-17-** **1943**  
that I last saw him alive on **9-17-** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Verus Pneumonia** Duration **Few days**

Due to **108**  
Due to **108**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **None**  
Of operations: **None**  
Of autopsy: **None**  
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 **No**  
(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 **W. D. Dwyer** (M. D. or other)  
Address **Columbia, Mo.** Date signed **9-18-43**

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

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

Signed.....  
.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**