

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32348

State File No. _____

Registrar's No. _____

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, state "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

John P. Ash

3. (b) If veteran,
name war ✓

3. (c) Social Security
No. _____

4. Sex male 5. Color or White race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes E.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 1924 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 - 29 hr. _____ min.

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

10. Usual occupation Coal miner

11. Industry or business Hejedy Coal Mine

12. Name David Ash

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

14. Maiden name Eliza Meyer

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

16. (a) Informant Mrs. Agnes P. Ash

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof 9/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 9-19-43 (b) James Dave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 315 E. Rollins
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 17 1943, to Sept. 18 1943;
that I last saw him alive on Sept 18 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture left
humerus, fracture 5 left ribs and
crushed left chest
Due to rock accidentally falling on him
while working in coal mine
Duration Sept. 17 1943

Due to _____
Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: See above
Of operations 4
Of autopsy ✓
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) accident
(b) Date of occurrence Sept. 17, 1943
(c) Where did injury occur? Coal mine
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Yes (Specify type of place) Rock accidentally fell on him
(e) Means of injury M.D. or other
23. Signature R.D. Streeter
Address Moberly, Mo Date signed Sept. 19/43

RECEIVED

District Health Officer No. 10

District File Number 104-431600

Date Filed OCT 5 1943

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.