V. S. No. 2
00M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43576

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 364

1. PLACE OF DEATH:

(a) County St. Francois

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

(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 years, months or days)

In this community Thirty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town Farmington, Mo (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 0

3. (a) PRINT FULL NAME Marie Octavia Ashby

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William West Ashby 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 28 (Day) 1849 (Year)

8. AGE: Years 94 Months 4 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home maker

11. Industry or business .....

FATHER
12. Name Joseph La Barge
13. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Pellagie Palmer
15. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Marguerite Coffman

(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary St. Louis Mo

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo

19. (a) Dec. 12-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 year 43 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 1, 1938, to Dec 11, 1943; that I last saw her alive on Dec 11, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Senility - Chronic Arteriosclerosis	
Due to Terminal Amyloid degeneration	
Due to Uremia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

66 b

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? ..... (Specify type of place)

While at work? (e) Means of injury .....

23. Signature R. Applebury (M. D. or other)

Address Farmington Date signed 12-11-43

(Licensed Embalmer's Statement on Reverse Side)

...lth Officer No. 4

... File Number 144-3110

...iled 1-5-44

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 ..... me, Registered Apprentice No. ....., working under my personal supervision.

Signed O H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.