No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15419

FILED MAY 8 1944

Registration District No. 74

Primary Registration District No. 3052

Registrar's No. 947

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1704 South Montgomery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1704 South Montgomery
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME LILLIE M. ASHBROOK

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 2 widow

6. (b) Name of husband or wife Charles Ashbrook

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

7. Birth date of deceased March (Month) 29 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	29	✓ hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Thomas J. Ashbrook
13. Birthplace Marion County, (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Louise Payne
15. Birthplace Louisville, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. J. W. Antoine (dau.)

(b) Address 1704 S. Montgomery, Sedalia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 1 (Day) 44 (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 4-29-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 11:45 minute A.M.

21. I hereby certify that I attended the deceased from 4/28—44, 19..., to 4/28—, 1944, that I last saw her alive on 4/28—, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 [signature] (M. D. or other)

Address Sedalia Date signed 4-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health
District File Number
Date Filed 5-5-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.