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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16908

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2109

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/11/44 (Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Camp 5 C.M.-St.P.R.R. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

48 3 8

3. (a) PRINT FULL NAME John James Ashenford

3. (b) If veteran, name war World War One

3. (c) Social Security No. 496-03-8539

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months — Days — If less than one day hr. min.

9. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

10. Usual occupation Camp 5 C.M.-St.P.R.R.

11. Industry or business Kansas City Mo.

FATHER

12. Name Don

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

MOTHER

14. Maiden name Know

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

16. (a) Informant Coroner office

(b) Address K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Ks.

18. (a) Signature of funeral director Passantino Bros

(b) Address Kansas City Mo.

19. (a) 5-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 4 minute 45 p.m.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..; that I last saw him alive on 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Coronary sclerosis	
Due to: 9	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy All above

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 A. E. Upsher M.D. (M. D. or other)

Address 23rd & Mc Gee Date signed 5/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address Kansas City 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.