

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18434

FILED JUN 8 1944

Registration District No.

Primary Registration District No. 5-637

Registrar's No.

24

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural - Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 mi. N.W. Odessa Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 73 yr. 7 mo. 13 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elias Ashcraft

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

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 17 years (Month) (Day) (Year)
7. Birth date of deceased Oct. 17 1870

8. AGE: Years Months Days If less than one day
73 7 13 hr. min.

9. Birthplace North of Odessa Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

12. Name John Ashcraft
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Mariam Barker
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Ashcraft
(b) Address Odessa Mo.

17. (a) Burial (b) Date thereof June 1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Blair Hane
(b) Address Odessa Mo.

19. (a) June 3-44 (b) Mrs. W. J. Baker (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. N.W. Odessa Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 5 minute M.
21. I hereby certify that I attended the deceased from March - 44 to May 30 - 44
that I last saw him alive on May 27 44 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) Means of injury

23. Signature B. J. McKim (M. D. or other) MD
Address Wendover Mo. Date signed June 3-44

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

RECEIVED

District Health Officer No. 8

File Number

6-2-48

Filed

522963 W.M. 1004

OK

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.

Signature

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.