V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22219

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 186

064

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: 701 N. Grand 1
(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 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL.")
(d) Street No. 701 N. Grand 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Nancy Virginia 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 Widowed
6. (b) Name of husband or wife James B. Ashbrook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 8 (Day) 1850 (Year)

8. AGE: Years 93 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

MOTHER FATHER
12. Name James Payne
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mahley McCollough
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant James H. Ashbrook
(b) Address Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri
19. (a) 6-3-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour 3 0'C, minute P M.
21. I hereby certify that I attended the deceased from 1943, to June 2, 1944
that I last saw her alive on June 2, 1944
and that death occurred on the date and hour stated above.

Duration
4 days

Immediate cause of death Cardiac failure
Due to advanced age
Due to 1602
Other conditions: Indolent ulcers
(Include pregnancy within 3 months of death)
Nose, Nat Malignant

PHYSICIAN

Major findings: Of operations no operations
Of autopsy No autopsy

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) No.
(b) Date of occurrence None
(c) Where did injury occur? No injury (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury (Specify type of place)
While at work? No (e) Means of injury

23. Signature C. L. Bradley D (M. D. or other)
Address Sedalia Mo Date signed 6/3/44

1602

(Licensed Embalmer's Statement on Reverse Side)

Trader.
4:25 - P.M.
June 2

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-19-41

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.