

FILED SEP 14 1944

State File No. _____

Registration District No. 137

Primary Registration District No. 5582

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jasper Jackson
(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Year - 8 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR F. McASHLAND

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 March 17, 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name C. J. McAshland
13. Birthplace X Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth O'neal
15. Birthplace X Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant County Infirmary
(b) Address Route #3, Carthage, Mo.

17. (a) Burial (b) Date thereof 8-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arthur Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) Aug. 9 '44 (b) Elizabeth Corple
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6,
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from June 20, 1944 to Aug 6, 1944,
that I last saw him alive on Aug 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D.) _____
Address Carthage, Mo Date signed Aug 9 '44

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

44-8-700

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.....
Licensed Embalmer No..... 2222
P. O. Address..... Carthage

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.