

FILED NOV. 8 1944

Registration District No.

Primary Registration District No. 5038

Registrar's No. 66

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Seligman, Rural "Ash" TWN.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 20 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ben. Frank Ashby**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Fay Ashby** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Feb. 23, 1873**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **1** If less than one day hr. min.

9. Birthplace **Bethany Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Anderson Ashby**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Blackburn**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fay Ashby**
(b) Address **Seligman, MO. R.F.D.**

17. (a) **burial** (b) Date thereof **9/2/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mineral Sgs.**

18. (a) Signature of funeral director **H. H. Rook**
(b) Address **Cassville, Mo.**

19. (a) **Sep 12 - 1944** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BARRY**
(c) City or town **SELIGMAN, RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **five miles west, Ash Twn.** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **30**
year **1944** hour **5** minute **0** M.

21. I hereby certify that I attended the deceased from **July 18** to **Aug 29**
that I last saw him alive on **Aug 29** and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage** Duration

Due to **Arteriosclerosis**

Due to **Fracture**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (c) Means of injury

23. Signature **H. H. Rook** (M. D. or other)
Address **Seligman Mo.** Date signed **9/3/44**

RECEIVED

District Health Officer No. 6

District File Number 1044-1104

Date Filed OCT 30 1944

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
working under my personal supervision.

Signed

Licensed Embalmer No.

3453

P.O. Address

Cassville, 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.