

FILED NOV 25 1944

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 258

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Noyes Hospital
 (If not in hospital or institution, write street number or location) ✓
 (d) Length of stay: In hospital or institution. 1 Hr. (Specify whether
 In this community 12 Hours
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Marion 999
 (c) City or town Marion 32
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 258 Forrest Lawn Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME PERCY ALTON LASHLEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bess Lashley 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12 - 18 - 1896
 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Lead S. Dakota
 (City, town, or county) (State or foreign country)

10. Usual occupation Mgr. of Marion Milling Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Charles P. Lashley
 13. Birthplace Washington Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Media Scott
Greenville Illinois
 (City, town, or county) (State or foreign country)
 15. Birthplace _____

16. (a) Informant Mrs. Percy A. Lashley
 (b) Address Marion, Ohio.
 17. (a) Removal (b) Date thereof 10-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wichita, Kans.

18. (a) Signature of funeral director Barren Funeral Service
Columbia, Mo.
 (b) Address _____

19. (a) 10-16-44 (b) E. John H. Barber
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
 year 1944 hour 8 minute 45 A. M.
 21. I hereby certify that I attended the deceased from 10-15-44
 _____, 19____, to 10-15-44, 19____
 that I last saw him alive on 10-15-44, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1hr
Arteriosclerosis ?

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

Major findings: _____
 Of operations _____
 Of autopsy — Q3d
 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 0
 23. Signature J. K. E. DeChamier (M. D. or other) hoo
 Address _____ Date signed 10-15-44

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

1250

DEC 7 1944

RECEIVED

District Health Officer No. 91

District File Number

Date Filed

11-22-44

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

M. D. Whitelich

Licensed Embalmer No.

3898

P. O. Address

Columbia

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.