

S. No. 2
 OM-8-43
 v. 5-17-39
 -1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39965**
 Registrar's No. **5018**

FILED DEC 22 1949
 Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **1404 Jackson Ave**
 (If not in hospital or institution, write street number or location) **1**
 (d) Length of stay: In hospital or institution **More than five years** (Specify whether
 In this community **years, months or days)**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **47**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL") **3**
1404 Jackson Ave
 (d) Street No. **1404 Jackson Ave** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

3. (a) PRINT **William H. Ashley**
 FULL NAME
 (b) If veteran, name war **no**
 (c) Social Security No. **703 03-9141**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec - 9** day **9**
 year **1944** hour minute M.

4. Sex **Male** 5. Color **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Marie Ashley**
 (c) Age of husband or wife if alive **40** years
 7. Birth date of deceased **June 19 1887**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1944** to **1944**
 that I last saw him alive on **1944**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cerebral Hemorrhage**
 Duration
Apoplexy

8. AGE: **57** Years **5** Months **20** Days If less than one day hr. min.
 9. Birthplace **Bertrand S.C.**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **83a!**
 Of operations
 Of autopsy **See Above**

10. Usual occupation **Track laborer**
 11. Industry or business **Railroad**
 12. Name **Boston Ashley**
 13. Birthplace **S. Carolina**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Minnie Deeth**
 15. Birthplace **Bertrand Va.**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Marie Ashley**
 (b) Address **1404 Jackson Ave**
 17. (a) **Funeral** Date thereof **12-14-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **West Appletown Va**
 18. (c) Signature of funeral director **West Appletown Va**
 (b) Address **West Appletown Va**
 19. (a) **12-12-44** (b) **N. E. Brown**
 (Date received local registrar) (Registrar's signature)

23. Signature **J. P. Richardson** (M. D. or other)
 Address **832 W. Main** Date **12-12-44**

Handwritten notes and scribbles, possibly including a signature or name, located in the upper left quadrant of the page.

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.....

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.)

NOTE: If this body is not embalmed, fact should be so stated above.