S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2837

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 406

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth ~~Levering~~ Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community U.S. Highway #36 ILL

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Pike 911

(c) City or town Hull (If outside city or town limits, write "RURAL") 11

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alvin L. Ash

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of ~~husband~~ or wife Maude

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 21 (Day) 1870 (Year)

8. AGE: Years 74 Months 3 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) ILL (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Ash
13. Birthplace (City, town, or county) ILL (State or foreign country) 1

MOTHER
14. Maiden name Louisinda Bland
15. Birthplace (City, town, or county) ILL (State or foreign country) 1

16. (a) Informant Walter Ash

(b) Address 1825 S State, Lockport, ILL

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Barry ILL

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal, Mo

19. (a) 12-28-44 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1944 hour 4 minute 50 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Having been struck by an unknown movable object or vehicle in Levee	
Due to Township on U.S. Route 36 in Pike County Ill, at a point 50'	
Due to East of the Viaduct on Mark Twain Bridge.	
Other conditions "Verdict of jury" (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1952
Of autopsy 40

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) Accident 126

(b) Date of occurrence 12/23/44

(c) Where did injury occur? U.S. Route 36, Pike County Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Struck by unknown object

23. Signature Wm. M. Smith 3 (M.D. or other)

Address 902 B roadway Hannibal Mo Date signed 12/26/44

114 R

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.