. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23200

State File No.

FILED AUG 6 1945

Registration District No. 3278 Primary Registration District No. 3073 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee (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 ... (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 10W
(c) City or town Chaffee / (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME James Ashley
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 Widower
6. (b) Name of husband or wife Alice D Ashley
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased March (Month) 18 (Day) 1863 (Year)

8. AGE: Years 82 Months 3 Days 28 If less than one day ... hr. ... min.

9. Birthplace Franklin (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Thomas Ashley
13. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)
14. Maiden name Rebecca Tuvell
15. Birthplace — (City, town, or county) Tenn (State or foreign country)

16. (a) Informant A M Ashley
(b) Address Charleston Mo R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Park Chaffee Mo
18. (a) Signature of funeral director Wisinghoff Funeral Home
(b) Address Chaffee, Mo
19. (a) July 17-45 (Date received local registrar) (b) Christa Grace (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 1945 hour about 11 am 6 M.
21. I hereby certify that I attended the deceased from July 14 '45 to July 16 1945 that I last saw him alive on July 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Coronary Occlusion — Duration
Due to Chronic Myocarditis
Due to Age

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94w
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G M Semple (M. D. or coroner)
Address Chaffee Mo Date signed 7-17

1325 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
File Number 45-102
Date Filed 8-3-45

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 Maurice Duplenglaff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.