

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

**FILED** **OCT 28 1945**

Registration District No. **228** Primary Registration District No. **2000**

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

**1. PLACE OF DEATH:**  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Springfield Baptist Hosp. A  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two weeks  
(Specify whether years, months or days)  
 In this community 33 years

**3. (a) PRINT FULL NAME** GROVER ASHLEY Sr.

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

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Mrs. Etta Ashley **6. (c) Age of husband or wife if alive** UNK. years

**7. Birth date of deceased** September 23, 1889  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>56</u>	<u>11</u>	<u>28</u>	hr. min.

**9. Birthplace** Sulphur Rock, Arkansas  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Office of Defense Transportation

**11. Industry or business** Manager

**12. Name** Sam F. Ashley

**13. Birthplace** Unknown Tennessee  
(City, town, or county) (State or foreign country)

**14. Maiden name** Frances A. Jettison

**15. Birthplace** Unknown Tennessee  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Etta Ashley

**(b) Address** Cain Addition, Springfield - Mo

**17. (a) Burial** Greenlawn cemetery **(b) Date thereof** 9-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Greenlawn cemetery

**18. (a) Signature of funeral director** Alma Lohmeyer Funeral Home

**(b) Address** 534 St. Louis Street, Springfield Mo.

**19. (a) 9-24-45** **(b) W. S. Haudley**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Greene **39**  
 (c) City or town Rural, Springfield S. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Cain Addition (RURAL) **0**  
Route #9, Box 550 **0**  
 (e) Citizen of foreign country? No **0**  
(Yes or No)  
 If yes, name country 1

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month September day 21  
year 1945 hour 10 minute 55 P.M.

**21. I hereby certify that I attended the deceased from** June 20, 1945 to Sept 21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis; Coronary Thrombosis **5yr. 3mo.**

Due to arteriosclerosis **?**

Other conditions Hypertension & nephrosclerosis  
(Include pregnancy within 6 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 12/10

**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)**  
(e) Means of injury \_\_\_\_\_

**23. Signature** Guy Callaway **(M. D. or other)** **MD**

Address Springfield, Mo signed 9/24/45

MAR 22 1946

OCT 22 1945

**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.....

*C. A. Paul*

Licensed Embalmer No.....

*3044*

P. O. Address.....

*Springfield, 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.

X