

FILED SEP 29 1945
Registration District No.

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Anna Mae Aston

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norton Aston 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased September 18, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 10 14 hr. min.

9. Birthplace Whiteside Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nurses Aid
11. Industry or business Pike County Hospital

12. Name Jesse D. Ogle
13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bartha Inlow
15. Birthplace Calhoun County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie D. Ogle
(b) Address Eolia Mo
17. (a) Burial (b) Date thereof Aug 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eolia Mo
Goodrich & Sons Co

18. (a) Signature of funeral director Goodrich & Sons Co
(b) Address Eolia Mo
19. (a) Aug 2-45 (b) John Goodrich
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Eolia
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1945 hour 9 minute 35 a.m.

21. I hereby certify that I attended the deceased from Aug. 1, 1945 to Aug. 2, 1945
that I last saw her alive on Aug. 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 12 hrs.
Due to Chronic Diabetes more than 10 yrs
Due to Chronic Diabetes more than 10 yrs

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Charles J. Jewell M.D. or other
Address Louisiana, Missouri Date signed 8/2/45

RECEIVED

District Health Officer No. 10

District File Number 9-45-1411

Date Filed SEP 17 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

Norman E. Gooch

Licensed Embalmer No.

2342

P. O. Address

Ecilia - 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.