S. No. 2
DM—5-43
v. 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

FILED NOV 8 1945

State File No. 34314

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 277

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 121 West 20th street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 121 West 20th street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Ashbrook
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Edwards Ashbrook
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased March 4, 1870 (Month) (Day) (Year)

8. AGE: Years 75 | Months 7 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace unknown, Indiana (City, town, or county) (State or foreign country)
10. Usual occupation laborer
11. Industry or business

FATHER
12. Name William Ashbrook
13. Birthplace unknown, Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Beems
15. Birthplace Zanesville, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hanrahan
(b) Address 1614 South Grand, Sedalia, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Diana Funeral Home
(b) Address Sedalia, Mo.
19. (a) 10/15/45 (Date received by registrar) (b) [signature] (Registrar's signature)

14 86 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12
year 1945 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from October, 1945 to Oct 12, 1945
that I last saw him alive on Oct 11, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cerebral Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [signature] (M. D. or other) M.D.
Address Sedalia Mo Date signed Oct 15-45

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-7-45

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.