

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 16 1945 STANDARD CERTIFICATE OF DEATH

State File No. 34833

Registration District No. 342

Primary Registration District No. 6153

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Brownwood  
(c) Name of hospital or institution none  
(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

EMMA FAYE ASHCRAFT

3. (b) If veteran, name war none

3. (c) Social Security No. none

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 16, 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 0 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Amberose Ashcraft  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Adeline  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Howell  
(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof May 18, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownwood, Mo.

18. (a) Signature of funeral director Edward S. Morgan

(b) Address Advance, Mo.

19. (a) 10-4-45 (b) M. R. Thriver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Brownwood  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1945 hour 16 minute 55A M.

21. I hereby certify that I attended the deceased from May 17, 1945, to May 17, 1945

that I last saw her alive on May 17, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to 1391

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus  
Of operations Biopsy also made  
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? (c) Means of injury 2

23. Signature E. C. Masters (M. D. or other) DO.  
Address Advance, Mo. Date signed 5-18-45

1181

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1045-3092

Date Filed 10-8-45

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

Lloyd S. Morgan, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Lloyd S. Morgan  
Licensed Embalmer No. 3261

P. O. Address Elvance, 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.