

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2646
Registrar's No. 6

FILED FEB 25 1946

Primary Registration District No. 5445

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Highland Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highland
(If in hospital or institution, write name and 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 Mrs. Nick Ash

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 Widowed
6. (b) Name of husband or wife George E. Ash 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Dec 12 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business _____

12. Name John W. Haglund
13. Birthplace Madison Co. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Malissa Robert
15. Birthplace Madison Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jewel Ash
(b) Address Gentry, Mo.

17. (a) Burial (b) Date thereof 1/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeP. Bridge

18. (a) Signature of funeral director Chaffin

19. Jan 23-1946 (b) Harold M. McKee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural
(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 January day 14
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 10, 1946, to Jan 14, 1946
that I last saw her alive on Jan 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days
Hypertension

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Charles D. Williams (M.D. or other) DO.
Address Gentry Mo Date signed Jan 17-1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Leiford Burns
Licensed Embalmer No. 3329
P. O. Address Albany 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.