

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8422

State File No. \_\_\_\_\_

FILED MAR 27 1946

Registrar's No. 19

Registration District No. 12

Primary Registration District No. 3003

5  
2  
1  
7355  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Barry  
 (a) County Barry  
 (b) City or town Monett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 None  
 In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Monett  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 445 W. Gale  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME William Leonidas Ash  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 24  
 year 1946 hour 11 minute 45 A. M.  
 21. I hereby certify that I attended the deceased from Feb 15  
1946 to Feb 24 1946  
 that I last saw him alive on Feb 24 1946  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Myrtle Moore Ash  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased: October 24 1887  
 (Month) (Day) (Year)

Immediate cause of death Acute Myocardial infarction and enlarged heart Duration \_\_\_\_\_  
 Due to Cardiac Distress for two years  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 58 Months 4 Days 9  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Operator High Route

11. Industry or business Individual

12. Name Joseph Ash

13. Birthplace Not Known 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Swan

15. Birthplace Missouri 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W L Ash  
 (b) Address 445 W. Gale St, Monett Mo

17. (a) Burial (b) Date thereof Feb 26-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 Fern Monett Mo

18. (a) Signature of funeral director Callaway  
 (b) Address Monett Mo

19. (a) 2-26-46 (b) W. M. West  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Major findings:  
 Of operations 9:30  
 Of autopsy \_\_\_\_\_  
 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 17  
 23. Signature W. M. West (M.D. or other) MD  
 Address Monett, Mo Date signed 2-26-46

RECEIVED

District Health Officer No. 6,  
District File Number 346-235  
Date Filed MAR 20 1946

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 J. D. Bushman  
Licensed Embalmer No. 3179  
P. O. Address Monett, 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.