

FILED MAY 14 1946

Registration District No. 139

Primary Registration District No. 5532 4223

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Maillard Mo
(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 about 5.5 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Maillard Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Florence Ashworth

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife James Ashworth 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Dec 7 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name William Patterson
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Wallace Hall
15. Birthplace Near Savannah Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Ashworth
(b) Address Maillard Mo

17. (a) Burial (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maillard Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Mauply Mo

19. (a) 4-14-46 (b) J. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day April
year 1946 hour 2 minute 19 M.

21. I hereby certify that I attended the deceased from April 8
1946, 1946 to April 11 1946
that I last saw him alive on April 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations J. J. J.
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. J. J. (M. D. or other) MD
Address Mauply Mo Date signed 4-13-46

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

11851

4
0
0

122

**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.....

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

Signed..... *W. Dean Campbell*

Licensed Embalmer No. *2680*

P. O. Address..... *Manquill, 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.