

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 29 1946

Registration District No. _____ Primary Registration District No. **5446** Registrar's No. **62**

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Casper Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town R.F.D. - Darlington
(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 _____

3. (a) PRINT FULL NAME Francis C. Ashlock

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

4. Sex Female **5. Color or race** W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sherman Ashlock **6. (c) Age of husband or wife if alive** 64 years

7. Birth date of deceased April 30 - 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name M. M. White

13. Birthplace Cassy, Ky
(City, town, or county) (State or foreign country)

14. Maiden name Maryann Portland

15. Birthplace Joplin, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Ashlock

(b) Address Darlington Mo R.F.D.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** June 23-46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Andrews

18. (a) Signature of funeral director Alfred Brock

(b) Address William Mo

19. (a) Date received local registrar June 22-1946 **(b) Registrar's signature** Lester O. White

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 20
_____, 1946, to June 21, 1946
that I last saw her alive on June 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac embolism

Due to Varicose Veins (?)

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? _____

While at work _____ **(e) Means of injury** _____

23. Signature Fran R. Rose (M. D. or other) M.D.

Address Albany, Mo. **Date signed** 6-22-46

Duration sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

389
000

24106

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: Lauffel Burke

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.