

FILED AUG 29 1946

Registration District No.

Primary Registration District No.

5450

Registrar's No.

75

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbysville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Shelbysville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community Shelbysville

3. (a) PRINT FULL NAME

George William Ashlock

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 4-1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 15 hr. min.

9. Birthplace Shelby Co Ind
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name George Ashlock
13. Birthplace Shelby Co Ind
(City, town, or county) (State or foreign country)
14. Maiden name Ann Ashlock
15. Birthplace Shelby Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Ma Lena Ford
(b) Address Shelbysville Ind

17. (a) Burial (b) Date thereof July 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbysville

18. (a) Signature of funeral director W. H. Burke
(b) Address Shelbysville Ind

19. Aug 26-1946 Homer M. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind (b) County Shelby
(c) City or town Shelbysville Ind
(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 July day 19
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Feb 4, 1945 to July 20, 1946
that I last saw him alive on June 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 1 yr.
Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
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?

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

23. Signature E. J. Pray (D. O. other)
Address Shelbysville Ind Date signed 7-20-46

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

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.