

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27608

State File No. _____
Registrar's No. 11579

FILED SEP 3 1946
Registration District No. 383

Primary Registration District No. 5655

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days
(Specify whether
In this community 36 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2002 Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jack Ashley
3. (b) If veteran, name was No
3. (c) Social Security No. 499-18-2696

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 2d 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 10 10 _____ hr. _____ min.

9. Birthplace Whitesbrough Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business Taxicab

12. Name Jack Ashley
13. Birthplace Unknown Okla
(City, town, or county) (State or foreign country)

14. Maiden name Vinnie McGinney
15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof 7/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int'l Mary K. G. M.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) 7-22-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1946 hour 9:35 minute _____ A. M.
21. I hereby certify that I attended the deceased from June 7, 1946 to July 12th
that I last saw him alive on July 12th
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Abt. 5 yrs
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
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)
(e) Means of injury _____
23. Signature [Signature] (Phys. or other)
Address Mt Vernon Mo Date signed 7-12-46

RECEIVED

District Health Officer No. 6.

District File Number

846-837

Date Filed AUG 2 - 1946

FILED

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 Ray E Snow

Licensed Embalmer No. 260

P. O. Address K. E. 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.