

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 25 1947

Registration District No. 174

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5644

9814

State File No. ....

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Livingston (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4 MI N.E. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME WALTER ASHFORD

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nora Lucienne 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased Dec 23 1922  
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Livingston (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

12. Name Winston Ashford  
13. Birthplace not known (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Wm Nora Ashford  
(b) Address Livingston, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director James H. Schump

(b) Address Livingston, MO

19. (a) 157 of 1947 (b) Wm E. Ashford  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
(c) City or town Livingston (If outside city or town limits, write "RURAL")  
(d) Street No. 4 MI N.E. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 26 to Jan 26, 1947  
that I last saw him alive on Jan 26, 1947  
and that death occurred on the date and hour stated above  
Immediate cause of death Cerebral thrombosis Duration

Due to

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations autopsy

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 Ben H. Brasher (M. D. or other)

Address Livingston, MO Date signed 1/27/47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-22-47

*Bookin*

---

---

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 \_\_\_\_\_

Licensed Embalmer No. 2983

P. O. Address Leungton 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.