

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1806

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 2

1. PLACE OF DEATH

- (a) County Miller
(b) City or town Excelsior
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 516 N. Maple 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

JOANNA ASHLEY

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

4. January 1 5. Color or race White 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife Clarence E. Ashley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 14 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 20
If less than one day hr. 4 min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Blasius Hiberger

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

14. Maiden name Mary Freiss

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

16. (a) Informant Donald Ashley

- (b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 1-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Raphael Cemetery

18. (a) Signature of funeral director James D. Phelan

- (b) Address Excelsior Mo.

19. (a) 1-6-48 (b) Olivera Walth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Miller
(c) City or town Excelsior
(If outside city or town limits, write "RURAL")
(d) Street No. 516 N. Maple
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/4 to 1/4 1948
that I last saw him alive on 1/4 1948
and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary thrombosis Sudden

- Due to _____

- Due to _____

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

- Major findings: _____
Of operations _____

- Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Ed. W. Walker (M. D. or other) M.D.

- Address Excelsior Mo. Date signed 1/6/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-15-48

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 *Louis D. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Eldon*

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.