

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2068

FILED JAN 29 1948

Registration District No. 294

Primary Registration District No. 3856

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
123 Brinkerhoff
(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 Mariah Ashley

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

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Ashley 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 29 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 12 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name George Ganaway

13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lottie Herndon

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Burgess

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 1/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery; Moberly

18. (a) Signature of funeral director Tom B. Patton

(b) Address Hunterville Mo.

19. (a) Jan 19-48 (b) Leah Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 123 Brinkerhoff
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1948 hour 9:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 10 to Jan 10, 1948
that I last saw him alive on Jan 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Cor. Collapse Duration 17

Due to Ch. Myocarditis
hypertension

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 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 H. Guffert (M. D. or other)
Address Moberly Mo. Date signed 1-12-48

RECEIVED
District Health Officer No. 10
District File Number 1-48-162
JAN 27 1948
Date 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..... *Paul J. Patton*

Licensed Embalmer No. *4095*

P. O. Address..... *Huntsville, 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.