

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 25 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3909

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 77 years
years, months or days

3. (a) PRINT FULL NAME John James Ashbaugh

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Gertrude 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 9 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John W. Ashbaugh 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A. Mudd 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma G. Ashbaugh

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 2-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Heath & Son

(b) Address Adrian Mo.

19. (a) 2-16-1948 (b) Myra Curran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1948 hour I minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 12
1948 to Feb. 12, 1948
that I last saw him alive on Feb. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure - possibly coronary
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 94

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 5

23. Signature E. E. Robinson (M. D. or other) _____
Address Adrian Mo. Date signed 2-14-48

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

RECEIVED

District Health Officer No. 71

District File Number 1-48-93

Date Filed 2-24-48

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

Fred T. Creath #3343

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.