No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1948

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11010

Registrar's No. 746

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo 19 days (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County St Clair 999

(c) City or town Caseyville 11 (If outside city or town limits, write "RURAL")

(d) Street No. none 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Grace Ashby

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 11-1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 8 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business at home

FATHER
12. Name Geo.W.Ashby
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Christina Collins
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Chas. R. Hicks

(b) Address Caseyville, Ills.,

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/18/48 (Month) (Day) (Year)

(c) Place: burial or cremation Caseyville Ills.

18. (a) Signature of funeral director Geo M. Schnepper

(b) Address Collinsville, Ills.

19. (a) 3-20-48 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Nov 1, 1948, to Mar 19, 1948; that I last saw her alive on Mar 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rt. arm — Duration 2½ yrs.

Due to Began as skin cancer of arm metastasis before amputation was done about 4 yrs ago

Due to

53

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C H Denny (M. D. or other) MD

Address Crane-Coeur, Mo Date signed 3-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. M. Schneppel

Licensed Embalmer No. 1598

P. O. Address Caldwell, O

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.