

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28596

FILED SEP 9 1948
Registration District No. 4499

Primary Registration District No. 4499

Registrar's No. 80

1. PLACE OF DEATH:

(a) County SHELBY
(b) City or town SHELBYNA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: THURMAN HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS 3 DAYS
(Specify whether years, months or days)
In this community 3 WEEKS 3 DAYS

3. (a) PRINT FULL NAME ESSIE ANN ASH3. (b) If veteran,
name war L3. (c) Social Security No.
NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married; divorced WIDOWED
6. (b) Name of husband or wife EUGENE E. ASH 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased: MARCH 31-1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 23 1 hr. 1 min.

9. Birthplace: MONROE, CO. MO.
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name GEORGE S. JONES
13. Birthplace UNKNOWN VA.
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA E. JACKSON
15. Birthplace UNKNOWN MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elliott Jones
(b) Address Paris, Mo.
17. (a) BURIAL (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blokey
(b) Address Paris, Mo.
19. (a) Aug 25-48 (b) Ruth Garner
(Date received by registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. FAIRVIEW HEIGHTS
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 1948
year hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-3-47 to Aug-22-48
that I last saw him alive on Aug 12-48 and that death occurred on the date and hour stated above.
Duration 17H

Immediate cause of death Cerebral overexertionDue to Cardiac degenerationDue to and respiratory failure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83A

Of autopsy

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 Wells S. Christian
Address Paris, Mo. Date signed 8-26-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number 948.1

Date Filed SEP-7-1948

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.