

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grain Valley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grain Valley</u>	
c. LENGTH OF STAY (In this place) <u>18</u>		d. STREET ADDRESS (If rural, give location) <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Ashcraft</u> c. (Last) <u>Ashcraft</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16-50</u>	
5. SEX <u>F m. W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 23-1858</u>
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Robert Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St Joseph Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tipton Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Ferrell</u>	
14. NAME OF HUSBAND OR WIFE <u>W.T. Ashcraft</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rhoda Pearson</u> ADDRESS <u>Grain Valley</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JUNE 17, 1950</u> , to <u>JUNE 16, 1950</u> , that I last saw the deceased alive on <u>JUNE 15, 1950</u> , and that death occurred at <u>7:05 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Zimmerman, D.O.</u> (Degree or title)		23b. ADDRESS <u>Grain Valley</u>	
23c. DATE SIGNED <u>6-17-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Grain Valley</u>	
24b. DATE <u>6-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koger</u>	
24d. LOCATION (City, town, or county) (State) <u>Grain Valley Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-17-50</u>		REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u> 378	

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

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JUN 23 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *R B W*

Signed.....
Student Embalmer

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

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.