DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 3494

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33058

Primary Registration District No. 3018

Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Henry

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

(c) Name of hospital or institution: Comunity Clenic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: clinton Mo 10

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Henry 043

(c) City or town: Brownington Missouri
(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.

3. (a) PRINT FULL NAME: Iris Nadine Ashinhurst

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept (Month) 17 (Day) 1929 (Year)

8. AGE: Years 12 Months Days 26 If less than one day hr. min.

9. Birthplace: Fairfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Guy Clayton Ashinhurst
13. Birthplace: Fairfield Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bernice Crabtree
15. Birthplace: Fairfield Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Guy C Ashinhurst

(b) Address: Brownington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Shiloh cem.

18. (a) Signature of funeral director: C A Rickett

(b) Address: Brownington Mo

19. (a) 10-14-41 (Date received by local registrar) (b) R. J. R. Hampton (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 13 year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-6-41, 19..., to 10-13, 1941, that I last saw h. alive on 10-13, 1941, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Appendicitis | 3 da. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operation: Acute appendicitis Appendectomy on 10-13-41

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

23. Signature: Eugene S. Neville (M. D. or other) M.D.

Address: Clinton Mo Date signed 10-14-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File No. 11-41-1892
Date Filed 11-14-41

## 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 Tom Hurst

Licensed Embalmer No. 2787

P. O. Address Deepwater, 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.**

'. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35058

Registration District No. 341 Primary Registration District No. 3018 Registrar's No.

SUPPLEMENTARY

**1. PLACE OF DEATH:**
(a) County: Henry
(b) City or town: Clinton
(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 years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Iris N. Rehnhurst
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept. (Month) 17 (Day) 1928 (Year)

8. AGE: Years 12 Months — Days 26 If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 13 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute appendicitis | — |
| Due to: Gangrene and Peritonitis. | 1 day |
| Due to: | 1 day |
| Other conditions (Include pregnancy within 3 months of death): 12 11 | |

Major findings: Of operation: Acute Appendicitis Appendectomy 10-12-41
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

23. Signature: Eugene D. Mills (M. D. or other) MD
Address: Clinton Mo. Date signed 12-10-41