

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19373
 Registrar's No. 5785

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (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)

3. (a) PRINT FULL NAME

John Carter Ashley

3. (b) If veteran,

name war unknown

3. (c) Social Security

No. unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

Katherine Ashley

6. (c) Age of husband or wife if

alive 48 years

7. Birth date of deceased Dec. 31
 (Month) (Day) (Year)

1884
 (Day) (Year)

8. AGE:

Years 58

Months 5

Days 24

If less than one day

hr. min.

9. Birthplace Fulton Co.
 (City, town, or county)

Arkansas
 (State or foreign country)

10. Usual occupation Attorney

11. Industry or business

12. Name Thomas J. Ashley

13. Birthplace unknown
 (City, town, or county)

Kentucky
 (State or foreign country)

14. Maiden name Martha Carter

15. Birthplace unknown
 (City, town, or county)

Indiana
 (State or foreign country)

16. (a) Informant Mrs. Katherine Ashley

(b) Address Melbourne, Ark.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 6-24-1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Newport, Arkansas.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delma Blvd.

19. (a) JUN 24 1943 (b) J. F. Breda
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 3
 (c) City or town Melbourne
 (If outside city or town limits, write "RURAL")
 (d) Street No. unknown
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-25-1943
1943 to June 24, 1943
 that I last saw him alive on June 24, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis (hemorrhage)

Due to Arteriosclerotic Heart Disease

Due to 7-2-43

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Ashley (M. D. or other)
 Address BARNES HOSPITAL Date signed 6/24/43

Boone Hospital
306400

STATE OF MISSOURI

MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
ST. LOUIS, MO.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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, fact should be so stated above.