

FILED MAY 6, 1947

Registration District No. **3947**

Primary Registration District No. **3023**

Registrar's No. **5110**

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: Clinton General
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry **42**

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

(d) Street No. 231 W. Franklin
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Riley Ashinburst

3. (b) If veteran, no

3. (c) Social Security No. _____

name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 18 minute 15 P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 4 (Month) 3 (Day) 1868 (Year)

21. I hereby certify that I attended the deceased from Jan 10, 1947 **1947** to May 1, 1947 **1947**
that I last saw him alive on May 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo-pneumonia **2 wks**

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

Due to Chronic portal hypertension **2 year**

Due to _____

Other conditions (include pregnancy within 3 months of death) none

9. Birthplace: Benton Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

Major findings: none

Of operations: no **137A**

Of autopsy: no

11. Industry or business

12. Name W. R. Ashinburst

13. Birthplace Clinton Mo. (City, town, or county) (State or foreign country)

14. Maiden name Wendy

15. Birthplace Clinton Mo. (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant M. Bruce Ashinburst

(b) Address Chicago Ill.

17. (a) Burial (b) Date thereof 5-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Co. Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Clinton Mo.

19. (a) 5-3-1947 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature S. B. Hughes (M. D. or other) **240**

Address Clinton, Mo. **Date signed** 5/2/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 4-47-532
District File Number 5-47-
Date Filed

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 *Fred W. Wilkinson* Registered Apprentice No. 434
working under my personal supervision.

Signed *Fred W. Wilkinson*
Licensed Embalmer No. 2448
P. O. Address *Clinton, 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.