

S. No. 2  
M-9-4-41  
ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 5 1942  
1/13

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18821

State File No. ....

Registration District No. ....

Primary Registration District No. 4445

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Orick  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community all her life - 66 yrs  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Martha Ashley  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 14<sup>th</sup>  
year 42 hour 4 minute 45 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Thomas Ashley Deard  
6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased 5 10 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16, 1942, to May 5, 1942  
that I last saw her alive on May 5, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Myocarditis  
Duration 2 weeks

8. AGE: Years 66 Months 0 Days 4  
If less than one day no hr. no min. no

Due to Chronic interstitial nephritis  
Due to no

9. Birthplace Ray County North west of Orick Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1310

10. Usual occupation housewife

Major findings: Of operations no  
Of autopsy no

11. Industry or business no  
12. Name Ben F. Tucker  
13. Birthplace Ray Co North west of Orick Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Elvina Frakes  
15. Birthplace Ray Co North west of Orick Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Char Ashley  
(b) Address Orick Mo  
17. (a) Burial (b) Date thereof 5-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 no

(c) Place: burial or cremation Union Church Bury  
18. (a) Signature of funeral director C. D. Gibson  
(b) Address Orick Mo  
19. (a) May 15/42 (b) Giffis F. Simmons  
(Date received local registrar) (Registrar's signature)

23. Signature Virgil E. Shale (M. D. or other) .....  
Address Orick Mo Date signed May 15, 42

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

39  
0  
0

MOTHER FATHER

1228

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-4-42

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 \_\_\_\_\_

*C. V. Gibson*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*C. V. Gibson*

Licensed Embalmer No. 2299

P. O. Address Quick 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.