

Ashcraft, Francis Marion 1845 - 1940

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Main File No. **26076**
Registrar's No. **5013**

Registration District No. **755** Primary Registration District No. **6164**

1. PLACE OF DEATH:
(a) County Jefferson Co
(b) City or town Russell
(c) Name of hospital or institution Home 4 Box 443
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Jefferson Co
(c) City or town Russell (If outside city or town limits, write RURAL)
(d) Street No. P.O. 4 Box 443 (If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ Years

3(a) FULL NAME Mrs. Francis Marion Ashcraft
3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Widowed

5(b) Name of husband or wife Jacob Ashcraft
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased: June 6 1845
(Month) (Day) (Year)

8. AGE: Years 95 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Odessa, Mo.
10. Usual occupation Retired
11. Industry or business Farmer

12. Name not known
13. Birthplace _____

14. Maiden name _____
15. Birthplace _____

16(a) Informant's own signature Jacob Ashcraft
(b) Address P.O. 4 Box 443, Jeff. Co. Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Palmer Camp Date 11-22-40

18(a) Signature of funeral director J. H. Chapman
(b) Address Unionville, Ky.
19(a) NOV 26 (Date received by local registrar) (b) J. H. Chapman (Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH November 20 1940
21. I hereby certify that I attended the deceased from Nov. 20 1940 to Nov 20 1940, that I last saw him live on Nov 20 1940, and that death occurred on the date stated above at 9:20 A.M.
Immediate cause of death: Heart failure DURATION _____
Due to arteriosclerotic heart disease
senility
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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? In or about home, on farm, in industrial place in public place? _____ (Specify type of place)
While at work? _____ (a) Means of injury 2717

23. Signature _____ (M. D. or other)
Address D. W. Chappell Date signed 11-22-40

should be carefully supplied. AGE shown or stated in DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.