

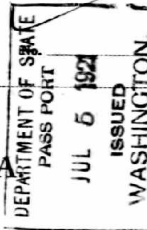
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The original and each copy of an application for a passport must have attached to it a copy of the applicant's photograph. A loose signed photograph of the applicant must accompany the application. The photograph must be on thin paper, should have a light background, and be not over three inches in size.

This blank must be completely filled out. The legal fee of one dollar, in currency or postal money order, must accompany the application. A woman's application must state whether she is married or not, and a married woman must state whether her husband is a native citizen. The rules should be carefully read before making the application to the Department of State, Division of Passport Control, Washington, D. C.

[Edition of 1919.]
[FORM FOR NATIVE CITIZEN.]

Issued



UNITED STATES OF AMERICA

STATE OF Kentucky
COUNTY OF Wayne

I, James B. Ashcraft, a NATIVE AND LOYAL CITIZEN OF THE UNITED STATES, hereby apply to the Department of State, at Washington, for a passport.

I solemnly swear that I was born at Estell Co., in the State of Kentucky, on or about the 6 day of July, 1888; that my father J. B. Ashcraft was born in Estell Co. Ky. and is now residing at deceased; that he emigrated to the United States from the port of _____ on or about _____; that he resided _____ years, uninterruptedly, in the United States, from _____ to _____ at _____; that he was naturalized as a citizen of the United States before the _____ Court of _____, as shown by the accompanying Certificate of Naturalization;

that I have resided outside the United States at the following places for the following periods:
None from _____ to _____
_____ from _____ to _____
and that I am domiciled in the United States, my permanent residence being at Livington in the State of Ky., where I follow the occupation of mechanic. My last passport was obtained from None, on _____, and was _____.

I am about to go abroad temporarily; and I intend to return to the United States within 3 months with the purpose of residing and performing the duties of citizenship therein; and I desire a passport for use in visiting the countries hereinafter named for the following purpose:

Guatemala (Name of country.) Looking over land proposition (Object of visit.)

I intend to leave the United States from the port of New Orleans La. sailing on board the United Fruit Co Steamer on July 8, 1921

OATH OF ALLEGIANCE

Further, I do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation or purpose of evasion: So help me God.

Sworn to before me this 1 day of July, 1921

[SEAL OF COURT.]
B. J. [Signature] Clerk of the U.S. Dist. Court at Livington Ky

A person born in the United States should submit a birth certificate with his application, or if the birth was not officially recorded, affidavits from the attending physician, parents, or other persons having actual knowledge of the birth. If the applicant's father was born in this country, lines should be drawn through the blanks in brackets. [OVER.]

Ashcraft, James Buford 1888 - 1946

DESCRIPTION OF APPLICANT.

Age: 32 years. Mouth: straight
 Stature: 5 feet, 7/8 inches, Eng. Chin: round
 Forehead: medium Hair: brown
 Eyes: brown Complexion: fair
 Nose: regular Face: oval
 Distinguishing marks: none

IDENTIFICATION.

I, R. W. White, July 1, 1921, solemnly swear that I am a { native / naturalized } citizen of the United States; that I reside at Irvine N.C.; that I have known the above-named James B. Ashcraft personally for 10 years and know { him / her } to be a native citizen of the United States; and that the facts stated in { his / her } affidavit are true to the best of my knowledge and belief.

R. W. White
 Mining
 Irvine N.C.
 (Occupation)
 (Address of witness)

Sworn to before me this 1 day of July, 1921

[SEAL]

J. H. Meuzis
 Clerk of the U.S. District Court at Lenoir, N.C.
 By James H. Meuzis, D.D.

Applicant desires passport to be sent to the following address:

James B. Ashcraft
6 Grandwood Hotel
New Orleans, La.

JW

A signed duplicate of the photograph to be attached hereto must be sent to the Department with the application, to be affixed to the passport with an impression of the Department's seal.



Ashcraft, James Buford 1888 - 1946

UNITED STATES OF AMERICA

United States of America)
Eastern District of Kentucky) Set.

I, R. H. White, do hereby solemnly swear that I have known James B. Ashcraft all of his life, and that he was born in Estill County, in the State of Kentucky, on the 6th day of July, A. D. 1888.

R. H. White

Subscribed and sworn to before me by R. H. White on this the 1st day of July, A. D. 1921.

J. W. Menzies, U.S. Clerk

J. W. Menzies D.C.

* A person born in the United States should submit a birth certificate with his application, or if the birth was not officially recorded, affidavits from the attending physician, parents, or other persons having actual knowledge of the birth.
† If the applicant's father was born in this country, lines should be drawn through the blanks in brackets.
[OVER.]

Ashcraft, James Buford 1888 - 1946

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

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

State File No. 12859
Registrar's No. 12859

Registration District No. 500 Primary Registration District No. 2165

1. PLACE OF DEATH:
(a) County Fayette
(b) City or town Lexington
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
173 North Ashland Avenue
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Fayette
(c) City or town Lexington
(If outside city or town limits, write RURAL)
(d) Street No. 173 North Ashland Avenue
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ yrs

3(a) FULL NAME JAMES BUFORD ASHCRAFT
3(b) If veteran, _____ 3(c) Social Security No. None
Name war _____ No. _____

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

6(b) Name of husband or wife Beulah Tudor Ashcraft
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased July 6 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Irvine Kentucky
10. Usual occupation Retired machinist
11. Industry or business _____

FATHER { 12. Name James Buford Ashcraft
13. Birthplace Estille County, Ky.

MOTHER { 14. Maiden name Mary Kelley
15. Birthplace Estille County, Ky.

16(a) Informant's own signature Mrs. Beulah T. Ashcraft
(b) Address Lexington Kentucky

17. BURIAL, CREMATION, OR REMOVAL
Place Richmond Ky. Date June 21, 1946

18(a) Signature of funeral director Kerr Brothers
(b) Address Lexington Kentucky

19(a) 6-26-1946 (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 19 1946
21. I hereby certify that I attended the deceased from 6/19 1946 to 6/19 1946 that I last saw him alive in stated above at 7 A.M. and that death occurred on the date stated above at _____ M.
Immediate cause of death Coronary occlusion DURATION 2 hrs
Due to _____
Other conditions Overweight (Include pregnancy within 3 months of death)
Major findings:
Of operations No 147-626
Of autopsy No

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? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature [Signature] (M. D. or dentist)
Address [Signature] Date signed 6/21/46

REASON FOR CARINGLY 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.