

Ashcraft, Justice Jett 1879 - 1944

Hamilton Journal News - January 25, 1944

Justice Ashcraft Dies In Hospital
 Justice Ashcraft, age 64, 1404 Forest avenue, father of Rev. Forrest Ashcraft, pastor of the Meadowlawn Church of God, died Monday in Middletown hospital after a short illness.
 He is survived also by his widow, Mrs. Louretta Ashcraft; three brothers, Luther, Cleveland; Ezart, Irving, Ky., and Francis Ashcraft, Washington C. H., Ohio, and two sisters, Mrs. Sara Guest, Louisville, Ky., and Mrs. Flora Reese, Hot Springs, Arkansas.

Hamilton Journal News - January 26 1944

Services Friday For Mr. Ashcraft
 Services for Justice Ashcraft, age 64, 1404 Forest avenue, who died Monday, will be conducted Friday at 2 o'clock in the Meadowlawn Church of God. Burial will be in Greenwood cemetery, Hamilton.

OHIO DEPARTMENT OF HEALTH		619
COLUMBUS		
Reg. Dist. No. <u>131</u>	CERTIFICATE OF DEATH	State File No. <u>43</u>
Primary Reg. Dist. No. <u>8053</u>	Department of Commerce - Bureau of the Census	Registrar's No. <u>48</u>
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:
(a) County <u>Butler</u>		(a) State <u>Ohio</u> (b) County <u>Butler</u>
(b) <u>Middletown</u> <small>(City, Village, Township)</small>		(c) City or village <u>Middletown</u> <small>(if outside city or village, write RURAL)</small>
(c) Name of hospital or institution: <u>Middletown Hospital</u> <small>(If not in hospital or institution, write street No. or location)</small>		(d) Street No. <u>1707 Taylor</u> <small>(if rural, give location)</small>
(d) Length of stay: In hospital or institution _____ <small>(Days)</small> In this community _____ <small>(Years, months or days)</small>		(e) If foreign born, how long in U. S. A.? _____ years.
3. NAME <u>Justice Ashcraft</u>		MEDICAL CERTIFICATION
(a) If veteran, name war _____ (b) Social Security No. <u>288-10-0571</u>		20. Date of death: Month <u>Jan</u> day <u>24th</u> year <u>1944</u> hour <u>9</u> minute <u>30 A.M.</u>
4. Sex <u>male</u> 5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>married</u>	21. I hereby certify that I attended the deceased from <u>Nov-2</u> , 19 <u>43</u> , to <u>Jan-24</u> , 19 <u>44</u> .
6. (b) Name of husband or wife <u>Loretta</u>	6. (c) Age of husband or wife if alive <u>62</u> years	What I last saw <u>her</u> alive on <u>Jan 24</u> , 19 <u>44</u> and that death occurred on the date and hour stated above. Duration _____
7. Birth date of deceased <u>Aug 4 1879</u> <small>(Month) (Day) (Year)</small>	8. AGE: Years <u>64</u> Months <u>5</u> Days <u>20</u> If less than one day _____ hr. min.	Immediate cause of death <u>Cerebral Hemorrhage</u> <u>24 hrs</u>
9. Birthplace <u>Laa Co Ky</u> <small>(City, town, or county) (State or foreign country)</small>	10. Usual occupation <u>paper maker</u>	Due to <u>8304</u>
11. Industry or business <u>Crystal Tissue Co</u>	12. Name <u>Francis M Ashcraft</u>	Due to <u>Excision tumor</u> <u>1941</u>
13. Birthplace <u>Ky</u> <small>(City, town, or county) (State or foreign country)</small>	14. Maiden name <u>Sarah Young</u>	Other conditions <u>(include pregnancy within 3 months of death)</u>
15. Birthplace <u>Ky</u> <small>(City, town, or county) (State or foreign country)</small>	16. (a) Informant's signature <u>W. F. Ashcraft</u>	Major findings of operation _____
17. (a) Burial, cremation, or other; (b) Date <u>Jan 28 44</u> <small>(Month) (Day) (Year)</small>	(b) Address <u>1707 Taylor ave</u>	Major findings of autopsy _____
(c) Place <u>Greenwood Cemetery</u>	(d) <u>Jos R Baker</u> <u>2456 A</u> <small>(Name of Embalmer) (Lic. No.)</small>	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? <small>(City or Village) (County) (State)</small> _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? <small>(Specify type of place)</small> _____ While at work? _____ (e) How did injury occur? _____
18. (a) <u>Jos R Baker</u> <u>260</u> <small>(Signature of Funeral Director) (Lic. No.)</small>	(b) Address <u>Middletown Ohio</u>	23. Signature <u>W. F. Ashcraft</u> <small>(Special if Doctor of Medicine or Osteopathy)</small>
19. (a) <u>1-31-1944</u> (b) <u>J. C. Scullions M.D.</u> <small>(Date received local registry) (Registrar's signature)</small>		Address <u>Middletown</u> Date signed <u>1/21/44</u>