

Hamilton Journal News - June 8, 1945

ASHCRAFT — Manford, husband of Christine Collins Ashcraft, 229 Howman Ave., New Miami, passed away Wednesday, June 6, 1945. Services Saturday, 2 p. m., in the residence, and 2:30 p. m. in the New Miami Church of Christ. Rev. Purvis officiating. Friends may call at the residence Friday afternoon and evening. Interment in Hickory Flats. Arrangements by the Webb Funeral Home. 46—1t

OHIO DEPARTMENT OF HEALTH COLUMBUS CERTIFICATE OF DEATH Department of Commerce - Bureau of the Census				State File No. <b>33615</b> Registrar's No. <b>547</b>
Reg. Dist. No. <u>130</u> Primary Reg. Dist. No. <u>8057</u>				
<b>1. PLACE OF DEATH:</b>		<b>2. USUAL RESIDENCE OF DECEASED:</b>		
(a) County <u>Randolph</u>		(a) State <u>Ohio</u> (b) County <u>Butler</u>		
(b) <u>Hamilton</u> (City, Village, Township)		(c) City or village <u>New Miami</u> (If outside city or village, write RURAL)		
(c) Name of hospital or institution: <u>Mercy Hospital</u> (If not in hospital or institution, write street No. or location.)		(d) Street No. <u>229 Howman Ave.</u> (If rural, give location)		
(d) Length of stay: In hospital or institution <u>20</u> days In this community <u>20</u> years (Days) (Years, months or days)		(e) If foreign born, how long in U. S. A.? _____ years.		
<b>3. FULL NAME</b> <u>Manford Ashcraft</u>		<b>MEDICAL CERTIFICATION</b>		
(a) If veteran, name war _____ (b) Social Security No. <u>376-04 6057</u>		20. Date of death: Month <u>June</u> day <u>6</u> year <u>1945</u> hour <u>10</u> minute <u>30</u> AM		
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 _____, 19____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. <b>Duration</b>			
6. (b) Name of husband or wife <u>Christine Collins</u> 6. (c) Age of husband or wife if alive <u>31</u> years	Immediate cause of death <u>Natural cause</u>			
7. Birth date of deceased <u>May 1914</u> (Day) (Year)	Due to <u>Just ill. no medical attention</u>			
8. AGE: Years <u>39</u> Months <u>0</u> Days <u>28</u> If less than one day hr. min.	Due to _____			
9. Birthplace <u>Salt Co. Kentucky</u> (City, town, or county) (State or foreign country)	Other conditions (Include pregnancy within 3 months of death.)			
10. Usual occupation <u>Trucker</u>	Major findings of operation _____			
11. Industry or business <u>Armies Day</u>	Major findings of autopsy _____			
12. Name <u>George E. Ashcraft</u>	22. If death was due to external causes, fill in the following:			
13. Birthplace <u>Salt Co. Ky.</u> (City, town, or county) (State or foreign country)	(a) Accident, suicide, or homicide (specify) _____			
14. Maiden name <u>Marie Newman</u>	(b) Date of occurrence _____			
15. Birthplace <u>Salt Co. Ky.</u> (City, town, or county) (State or foreign country)	(c) Where did injury occur? (City or Village) (County) (State) _____			
16. (a) Informant's signature <u>Mrs. Christine Ashcraft</u>	(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____			
(b) Address <u>229 Howman Ave.</u>	While at work? _____ (e) How did injury occur? _____			
17. (a) Burial, cremation, or other; (b) Date <u>June 9, 1945</u> (Month) (Day) (Year)	23. Signature <u>Edwin Cook Corouel</u> (If Doctor of Medicine or Osteopathy)			
(c) Place <u>Hickory Flats</u>	Address <u>New Miami, Ohio</u> Date signed <u>6-8-45</u>			
(d) <u>Lincoln J. Webb 72414</u> (Name of Embalmer) (Lic. No.)				
18. (a) <u>David Webb</u> (Signature of Funeral Director) (Lic. No.)				
(b) Address <u>Hamilton Ohio</u>				
19. (a) <u>W. H. ...</u> (Name of Registrar) (Signature)				
(b) <u>Mary D. ...</u> (Name of Registrar) (Signature)				