

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44688
 Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 846
 (b) Township Cass Primary Registration District No. 6111
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 100 John Oliver Aaby
Billings, Mo. R#1 St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betsy Aaby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

FATHER 13. NAME Ausley Aaby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Clarence Aaby
 (ADDRESS) Billings, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Hights Chapel DATE Nov. 30 - 38

19. FUNERAL DIRECTOR J. H. Maples
 (ADDRESS) Claver, Mo.

20. FILED 12-10-1938 H. G. Jensen
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 - 1938 to Nov. 28 - 1938

I last saw him alive on Nov. 24 - 1938. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular - Renal disease Date of onset 1930

Other contributory causes of importance: senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. L. Herr, M. D.

Address Crane - Mo.

REC'D
District Health Officer No. 6,
District File Number 6-38-886
Date Filed DEC 19 1938

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. H. Maples
Licensed Embalmer No. 2985

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.)