

N. B.—Every item of information should be carefully 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33327

Registration District No. 7354

Primary Registration District No. 3034

Registrar's No.

1795

1. PLACE OF DEATH:

- (a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lula Asbury 216

8. (b) If veteran, ☒ name war _____ 9. (c) Social Security No. ✓

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

6. (b) Name of husband or wife John Asbury 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 18 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

- MOTHER FATHER { 12. Name William H Goldsberg
13. Birthplace Mo. d.
14. Maiden name Lavinia Mead
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ewing White
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Sept 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Harrisburg Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 9/24/39 (b) Frederick Butler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Randolph

- (c) City or town Moberly
(If outside city or town limits, write "RURAL")

- (d) Street No. 1611 Emerson
(If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd
year 1939 hour 1.00 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 23 to Sept 23 1939
that I last saw her alive on Sept 23. 39 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Epilepsy (Dr. Mahan)
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Let J. J. J. (M. D. or other) _____
Address Moberly Mo Date signed Sept 23 39

RECEIVED

District Health Officer No. 10

District File Number 10-39-1835

Date Filed OCT 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3021

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.