

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36647
Registrar's No. 303

Registration District No. 547 Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion. **NOV 24 1939**
(b) City or town Hannibal, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 25 yrs. years, months or days)

3. (a) PRINT FULL NAME Allie P. Aston. 235

8. (b) If veteran, name war World War. 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Francis Aston. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 30, 1890.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 5 28 hr. min.

9. Birthplace Montgomery Co., Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe Owner.

11. Industry or business Cafe.

12. Name Henry F. Aston.

18. Birthplace Montgomery, Co., Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Roslee Burton,

15. Birthplace Montgomery, Co., Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis Aston

(b) Address Perry, Missouri.

17. (a) Removal. (b) Date thereof 10/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perry, Missouri.

18. (a) Signature of funeral director Clyde G. Wilkey

(b) Address Hannibal, Mo. (Perry, Mo.)

19. (a) Nov 2-39 (b) A. G. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls,
(c) City or town Berry, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1939 hour 4:30 minute PM M.

21. I hereby certify that I attended the deceased from Oct 23, 39
to Oct 29, 39

that I last saw him alive on Oct 29, 39
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Cholelithiasis
Myocardial failure
Septic 127 W

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

Major findings: Necrosis of base
Of operations Bladder + Liver
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 John Paulman (M. D. or other) _____
Address 1001 Parkway Date signed 10-30-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I 112851

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.

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 Michael J. O'Honnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

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.