

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1940

State File No. 3344

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 1219 E. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life Time
(Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME JOSEPHINE ANN ASKREN

3. (b) If veteran, name war - 3. (c) Social Security No. -

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

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 24 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 6 0 hr. min.

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

10. Usual occupation at School

11. Industry or business

12. Name James Newton Askren

13. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Margaret Askren

15. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James N. Askren

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof Jan. 27 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McDonald Bros

(b) Address Sedalia Mo.

19. (a) 1-27-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 E. 6th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 22 1940 to Jan 24 1940
that I last saw her alive on Jan 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet fever

Due to §

Due to §

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -
Of autopsy -

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? -

23. Signature Donald H. Sneed (M. D. or other) MD
Address Sedalia Mo. Date signed 1-26-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/40

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.

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.