

FILED FEB 5 1940

Registration District No. \_\_\_\_\_ Primary Registration District No. 5912

**1. PLACE OF DEATH:** Pike

(a) County Pike

(b) City or town Rural Cuver Twp.  
(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 no  
(Specify whether)

In this community 10 yrs.  
years, months or days

8. (a) PRINT FULL NAME William C. Asquith 2<sup>nd</sup>

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Male

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 March 18 - 1921  
(Month) (Day) (Year)

8. AGE: Years 18 Months 9 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

11. Industry or business Bowling Green High School

12. Name Elmer B. Asquith

13. Birthplace Cuba Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Leticia Williams

15. Birthplace Near Louisiana Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. D. Asquith

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Jan 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cemetery

18. (a) Signature of funeral director H. B. Elmore

(b) Address Bowling Green Mo

19. (a) 1-30-40 (b) Elmore  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** D

(a) State Missouri (b) County Pike

(c) City or town Bowling Green  
(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 Dec day 30  
year 1939 hour 4 P.M. minute \_\_\_\_\_ M.

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.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to grip

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy X

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 Porter T. Impson (M.D. or other) \_\_\_\_\_

Address Bowling Green Mo Date signed 1/31/40

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-216

Date Filed FEB 2 1940

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 H. B. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

**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.