

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

14638
 Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 148
 (b) Township Fishing River Primary Registration District No. 3011 Registered No. 62
 (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

252 Hugo C. Asmus
 (a) Residence, No. 3918 McGee, Kansas City, Mo. St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norfolk, Nebraska

FATHER 13. NAME Carl Asmus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louise Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 4-8-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard
Excelsior Springs, Mo.

20. FILED April 6, 1940 Miss P. McLeod
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1940 to April 6, 1940, 1940

I last saw him alive on April 6, 1940. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Coronary Arteriosclerosis

Date of onset

Other contributory causes of importance:
Myocardial insufficiency
Cardiac enlargement

Name of operation None Date of

What test confirmed diagnosis? Examination and observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury

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?
 If so, specify Unknown

(Signed) W.A. Gerlian M. D.
W.A. GERLIAN, M.D., Acting Manager
 (Address) Veterans Administration Facility
Excelsior Springs, Missouri.

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. 8,
District File Number
Date Filed 5-3-40

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.....

..... Walter Barker Registered Apprentice No. 228
working under my personal supervision.

Signed Claude Richard
Licensed Embalmer No. 2757
P.O. Address Ex celum Spag

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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