

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22622
Registrar's No. 119

Registration District No. 735411

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
915 Franklin
(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 Mary Asbury 216

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 Widowed
6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased apl 12 1848
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation at home 7

11. Industry or business _____

12. Name No data 9

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

14. Maiden name _____

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

16. (a) Informant Mrs. E. L. Sneed
(b) Address Moberly, Mo.

17. (a) Funeral (b) Date thereof June 13th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

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

19. (a) June 13-40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 915 Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 29
to June 11, 1940
that I last saw him alive on June 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 2 days
Duration

Due to hypertension yes

Due to _____

Other conditions 72
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations

Of autopsy ✓
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? yes

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

23. Signature William P. Hunter (M. D. or other) N.D.
Address Moberly, Mo. Date signed June 13, 1940

RECEIVED

District Health Officer No. 10

District File Number 7-40-1468

Date Filed JUL 15 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 Frank P. O'Witt

Licensed Embalmer No. 3621

P. O. Address Mobile, 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.