No. 2
1-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941

Registration District No. [redacted]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 42445

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 116 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 24 yrs. – 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington Mo. –
(If outside city or town limits, write "RURAL")

(d) Street No. 116 Locust –
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? none years.

3. (a) PRINT FULL NAME OTTO ASEL

3. (b) If veteran, name war no.

3. (c) Social Security No. no. –

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Katharine Kiechner

6. (c) Age of husband or wife if alive 77 – years

7. Birth date of deceased April (Month) 25 (Day) 1857 (Year)

8. AGE: Years 83 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Meats –

MOTHER FATHER

12. Name John Asel – 6

13. Birthplace Germany – (City, town, or county) 6 (State or foreign country)

14. Maiden name Marguerite Miller

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

16. (a) Informant Emmett Asel

(b) Address Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto H Co. –

(b) Address Washington Mo. –

19. (a) Dec 28-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 15, 1929, to Dec 27, 1940, that I last saw him alive on Dec 27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of left great toe and foot	1 mo.
Due to Diabetes Mellitus	15 yrs
Due to Cause Unknown 54	Cause Unknown
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation.
Of autopsy no 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) no accident

(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? 270 –
While at work? – (Specify type of place) (e) Means of injury –

23. Signature R. R. Cuttle, M.D. (M. D. or other)

Address Washington Mo. Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 ..... [signature] ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2464

P. O. Address Washington 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.