DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44100

Registration District No. 843 Primary Registration District No. 6085 Registrar's No.

1. PLACE OF DEATH
(a) County Stone (b) City or town Galena (If outside city or town limits, write "RURAL" and name of township) Rural Rt No. 1
(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 2 months (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone
(c) City or town Galena (If outside city or town limits, write "RURAL")
(d) Street No. rural rt 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Nigel Thomas Asher
3. (b) If veteran, name war 0 3. (c) Social Security No. 0
4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 14 (Day) 1940 (Year)

8. AGE: Years — Months 2 Days 17 If less than one day hr. min.

9. Birthplace Stone Co. Rural Mo. (City, town, or county) (State or foreign country)
10. Usual occupation 0 0
11. Industry or business 0 0
MOTHER
12. Name Pearl Beckett
13. Birthplace Ark (City, town, or county) (State or foreign country)
FATHER
12. Name Elmer Asher
13. Birthplace Stone Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Beckett
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant Elmer Asher
(b) Address Galena, Mo Rt-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 41 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Cemetery
18. (a) Signature of funeral director Everett J. Keathley
(b) Address Galena, Mo.
19. (a) Jan. 1, 41 (Date received local registrar) (b) Nellie Trowbridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 1940 year 1940 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Dec-27, 1940, to —, 19—; that I last saw him alive on Dec-27 — 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-Pneumonia	7 days.
Due to Uncomplicated.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. P. Squires (M. D. or other) MD
Address Cane, Mo. Date signed 1-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 141-72
Date Filed JAN 9 1941

STATEMENT BY LICENSED EMBALMER not

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 Everett L. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena Kans.

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

If this body is not embalmed, fact should be so stated above.