

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11722

Registration District No. 698

Primary Registration District No. 5427

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Rural, Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 1, Rushville, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 50 years,  
years, months or days)

## 3. (a) PRINT

FULL NAME Rush Floyd Asberry,

## 3. (b) If veteran,

name war None,

## 3. (c) Social Security

No. None,4. Sex Male

## 5. Color or

race White

## 6. (a) Single, widowed, married,

divorced Widowed

## 6. (b) Name of husband or wife

Susan V. Asberry,

## 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased November 20, 1861

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

79321

hr.

min.

9. Birthplace Washington County, Virginia

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

Farmer,

## 11. Industry or business

Farm,12. Name Wyatt Asberry,13. Birthplace Unknown,Virginia,

(City, town, or county)

(State or foreign country)

14. Maiden name Emma Batteff,15. Birthplace Unknown,Virginia,

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. Alfred Denton(b) Address R.F.D. # 1, Rushville, Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 3/13/41.

(Month) (Day) (Year)

18. (a) Place of burial or cremation Sugar Creek Cemetery(b) Signature of funeral director Wm. H. Brown(c) Address 319 So. 10th Street, Home(d) Date received local registrar 3/13-41

(Date received local registrar)

(e) Registrar's signature J. H. Bull

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Platte,  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1, Rushville, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th.  
year 1941. hour 9:00 minute 50 a.m.

21. I hereby certify that I attended the deceased from  
Dec. 1st - 1940 to March 11th 1941;  
that I last saw him alive on March 11th 1941;  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Cerebral apoplexyDue to Arterio Sclerosis

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations

Of autopsy

## Duration

3 days15 years

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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?  
628  
(Specify type of place)  
While at work? (e) Means of injury

23. Signature E. B. Meadows (M. D. or other)Address De Kalb, Mo. 8th Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 3-11-

working under my personal supervision.

Signed

*Wm E Sumnerfield*

Licensed Embalmer No. 3007

P.O. Address 319 S. 10th St. S. D.

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.