

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11796

State File No.

FILED APR 28 1941 35

Registration District No.

Primary Registration District No. 3034

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
231 Franklin St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 months years, months or days

3. (a) PRINT FULL NAME

Elvenia Asplin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race White

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

(b) Name of husband or wife Riana Asplin

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Nov. 24, 1883

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

3

25

hr.

min.

9. Birthplace Salem Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Beattie

13. Birthplace Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name Emma Caryl

15. Birthplace Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Emma Mc Lee

(b) Address Madison Mo.

17. (a) Buried (Burial, cremation, or removal)

(b) Date thereof Mar. 23, 1941

(Month) (Day) (Year)

(c) Place: burial or cremation Crematorium

18. (a) Signature of funeral director Edgar L. Leno

(b) Address St. Clair Mo.

19. (a) Mar 23-41 (Date received local registrar)

(b) John Williams (Registrar's signature)

(c) _____

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 21 day 1941 year 16 hour 4:30 minute 43 M.

21. I hereby certify that I attended the deceased from Jan. 1941 to Mar. 1941, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Urinary

Prostating
Due to kidney
nephroses. Chr.
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

23. Signature John Williams (Specify type of place) While at work? _____ (e) Manner of injury _____

Address Madison, Mo. Date signed Mar. 23, 1941

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

RECEIVED

District Health Officer No. 10
District File Number 4-41-793
Date Filed APR 14 1941

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

K. M. Leno

Licensed Embalmer No. 3601

P. O. Address

St. Clair, 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, fact should be so stated above.