No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28513

Registration District No. 398 | Primary Registration District No. 3019 | Registrar's No. 238

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 26 Days (Specify whether years, months or days)

In this community 26 Days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 8908 Thompson Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------- 1

3. (a) PRINT FULL NAME: Willa Rebecca Asbury

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: -------

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

7. Birth date of deceased: August (Month) 12 (Day) 1941 (Year)

8. AGE: Years | Months | Days: 26 | If less than one day: hr. min.

9. Birthplace: Independence (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: -------

MOTHER FATHER

12. Name: William James Asbury

13. Birthplace: Kansas City (City, town, or county) Kansas 1 (State or foreign country)

14. Maiden name: Mabel Rebecca Phillips

15. Birthplace: Archie (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant: W. J. Asbury

(b) Address: 8908 Thompson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 8, 1941 (Month) (Day) (Year)

(c) Place: burial/or/cremation/ Mt. Washington Cem.

18. (a) Signature of funeral director: D. H. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) Sept. 6 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 12 - 1941 to Sept 6 1941; that I last saw her alive on 9/5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to: ~~Hy~~ Congenital Heart.

Due to:

Other conditions (Include pregnancy within 3 months of death): 150

Major findings: Of operations:

Of autopsy: not permitted

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? (Specify type of place)

While at work? No (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 10307 Independence Date signed 9/6/41

(Licensed Embalmer's Statement on Reverse Side)

31-0

70307 Hedgpeth Denise Lee
3.9

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo

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

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