

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39771

State File No.

FILED DEC 18 1941
Registration District No.

Primary Registration District No. 6197

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Millspring Twp
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES ASBERRY

3. (b) If veteran, L name war L
3. (c) Social Security No. L

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (A) Name of husband or wife Ernest Asberry
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Feb 13 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 20
If less than one day hr. min.

9. Birthplace Reynolds Co Mo.
(City, town, or country) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Nathan Asberry

13. Birthplace Reynolds Co Mo.
(City, town, or country) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Ernest Asberry

(b) Address Dexter mo

17. (a) Burial (b) Date thereof Nov 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millspring

18. (a) Signature of funeral director W. G. Dyer

(b) Address Madison mo

19. (a) Nov 5 1941 (b) Helene Hanson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Millspring (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day November
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from OCT 29 1941 to Nov 3 1941
that I last saw him alive on 10-29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brachio-
pneumonia
and emphysema
Due to
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature T. C. Dyer (M. D. or other)

Address Madison mo Date signed Nov 5 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No.

3387

P. O. Address

Pudman 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.