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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23276

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2900

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 21 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1618 Topping
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Emma Asher
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Femal 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Leon G. Asher
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Mar 3 1887 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	4	27	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lewis
13. Birthplace (City, town, or county) Ky - 1 (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) No Record 9 (State or foreign country)
16. (a) Informant Leon G. Asher
(b) Address 1618 Topping
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 2, 42 (Month) (Day) (Year)
(c) Place: burial or cremation De Kalb, Mo.
18. (a) Signature of funeral director Mrs E L Forster
(b) Address 918 Brooklyn
19. (a) 8/1-42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour 7 minute 10 a M.
21. I hereby certify that I attended the deceased from July 27, 1942, to July 30, 1942 that I last saw her alive on July 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Chronic Mycarditis Chronic Nephritis

Due to

121 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes ~~No~~

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? (e) Means of injury 5
23. Signature M. Camilly Anderson (M. D. or other)
Address 6520 Inf air Date signed 7-31-42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Theron R. Pearson

Licensed Embalmer No. 2737

P. O. Address K.C. 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.