S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33963

State File No.

Registration District No. 166 Primary Registration District No. 2001 Registrar's No. 444

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days (Specify whether
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 1
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 S. Garrison Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country - - - -

3. (a) PRINT FULL NAME George Asendorf
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Annie Asendorf
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased October (Month) 6 (Day) 1866 (Year)

8. AGE: Years 76 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Nishnabotna (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Insurance Agent
11. Industry or business Fire Insurance Agency
FATHER
12. Name Albert Asendorf
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 7 (State or foreign country)
16. (a) Informant Fielding Asendorf
(b) Address Baxter Springs, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 10-14-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th year 1942 hour 5 minute 55 P.M.
21. I hereby certify that I attended the deceased from Sept 18, 1942, to Oct 12, 1942 that I last saw him alive on Oct 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cystitis — Duration 1½ yr

Due to Hypertrophy of Prostate unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 137a

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
23. Signature Emery Altoy (M.D. or other) D.O.
Address 4095 Main St Date signed 10/13/42

1204 (Licensed Embalmer's Statement on Reverse Side)

914

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 P. W. Kinney

Licensed Embalmer No. 814

P. O. Address Carthage, 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.