

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6201

FILED MAR 10 1943

5387

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Osage typ
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT

FULL NAME John O Asher

8. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife

Alice Pryor

6. (c) Age of husband or wife if

alive 65 years

7. Birth date of deceased

Sept 19 1868
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

74

4

12

hr.

min.

9. Birthplace

Reynolds Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

farmer

11. Industry or business

12. Name James C Asher

13. Birthplace

Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Luise Reese

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

Elvins Mo

(b) Address

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof Feb 1 1943
(Month) (Day) (Year)

(c) Place: burial or cremation

Boss Cem

18. (a) Signature of funeral director

Salem Mo

(b) Address

2-1-43

(Date received local registrar)

(c) John O Asher
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 31 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac disease
Renal disease

Due to

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?

While at work

(Specify place)

(e) Means of injury

23. Signature

Salem Mo (M. D. or other) _____
Address _____ Date signed Feb 1 1943

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

RECEIVED

District Health Officer No. 5,

District File Number. 343149

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.