

FILED JAN 15 1946

Primary Registration District No. 5026 5568

Registrar's No. 319

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY Rural-Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8908 THOMPSON AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 70 YEARS years, months or days)

3. (a) PRINT FULL NAME MR CHARLES ED ASBURY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. CLARA ASBURG 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased APRIL 28 1868
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 15 If less than one day hr. min.

9. Birthplace CLARK COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 25 YEARS

11. Industry or business COOPER

12. Name HENRY JACKSON ASBURG

13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH RHODES

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

16. (a) Informant MRS. CLARA ASBURG

(b) Address 8908 THOMPSON AVENUE

17. (a) BURIAL (b) Date thereof DEC-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEES SUMMIT MISSOURI

18. (a) Signature of funeral director D. A. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-14-1943 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY Blue Sup
(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 NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13TH
year 1943 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 10
1943 to Dec 13 1943

that I last saw him alive on 12/12/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 101

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 type of place) (c) Means of injury _____

23. Signature Fred W. High (M. D. or other) _____

Address _____ Date signed 12/13/43

10 305 Sunday: Paul
2:30-5:30

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.....

H. C. Newcomer Jr
Licensed Embalmer No. 4043
P. O. Address R. 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.