

USE CHANGING BLACK INK - MAKE A PERMANENT RECORD

FILED MAR 8 1944

Registration District No. 25

Primary Registration District No. 1036

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME

NELLIE ISABEL ASBURY
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Thos. Asbury 6. (c) Age of husband or wife if alive DEC. 1862 years
7. Birth date of deceased JUNE 25 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 15 If less than one day hr. min.

9. Birthplace LEE Co. IOWA (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Charles Jones 9
13. Birthplace — (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant Wm Asbury
(b) Address Rich Hill Mo
17. (a) Burial (b) Date thereof 2-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director Booths
(b) Address Rich Hill Mo
19. (a) Feb 10 1944 (b) Mrs. Edna Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES
(c) City or town Rich Hill (If outside city or town limits, write "RURAL")
(d) Street No. E. PARK AVE (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9
year 1944 hour 8:05 minute P M.

21. I hereby certify that I attended the deceased from Feb 1 to Feb 9 1944
that I last saw him alive on Feb 8 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial
Duration 44

Due to James J. Thompson
Due to —

Other conditions (Include pregnancy within 3 months of death) 9321

Major findings: Of operations —

Of autopsy —

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) Means of injury —

23. Signature James J. Thompson M. D. — Date signed 2/10/44
Address —

RECEIVED
District Health Officer No. 7,
District File Number 2-44-231
Date Filed 3-7-44

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

John H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, Mo.

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, fact should be so stated above.