

FILED APR 10 1944

State File No. ....

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Hours  
(Specify whether years, months or days) 24 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Garfield  
(c) City or town Enid  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 1815 E. Maple  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country.....

3. (a) PRINT FULL NAME Pete Asplund

3. (b) If veteran, name war No World War #1 Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Asplund 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Dec. 5, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 3 11 hr. min.

9. Birthplace Unk. Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

MOTHER FATHER { 12. Name Peter Asplund  
13. Birthplace Unk. Sweden 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Ingeborg Knudson  
15. Birthplace Unk. Norway 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Asplund

(b) Address Enid, Oklahoma

17. (a) Removal (b) Date thereof March 17, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enid, Oklahoma

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-17-44 (b) H.W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1944 hour 9 minute 10 p.m.

21. I hereby certify that I attended the deceased from March 16, 1944 to 3-16, 1944  
that I last saw him alive on 3-16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency  
Duration 12 hrs.

Due to arterio sclerosis

Due to

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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) Means of injury

23. Signature Edmund Handley  
Address Enid, Mo. Date signed 3-17-44

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

MAY 29 1944

6 1944

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

*L. Paulin Gorman*

Licensed Embalmer No. *3179*

P. O. Address *Springfield*

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.

X