

FILED MAY 10 1944
Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 39

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community three weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL") 4
(d) Street No. 802 Perry Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Robert James Askew

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month APRIL day 6, year 1944 hour 3 minute 00 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from Mar. 21 - 1944 to Apr. 6 - 1944 that I last saw him alive on Apr. 5 - 1944 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Askew 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased September 28, 1854
(Month) (Day) (Year)

Immediate cause of death
Chronic Bright's Disease
Atherosclerosis
Hypertrophy of Heart
Duration Don't know

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>7</u>	<u>8</u>	hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1318

9. Birthplace Fayetteville, North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None
12. Name Joseph Bryant Askew
13. Birthplace Cork County, Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mercer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Helen Kanner
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-44
(Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

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? _____

18. (a) Signature of funeral director La Forge and Co.
(b) Address Caruthersville, Mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 4-7-44 (Data received local registrar) (b) Jessie M. Markley (Registrar's signature)

23. Signature J. R. P. P. P. (M. D. or other) Address Caruthersville, Mo. Date signed 4-6-44

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

2
43
39
35697

4-44-94

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.....

Jack Kelley

Licensed Embalmer No.....

3788

P. O. Address.....

Hwy 9mo

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.