

FILED OCT 29 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4160

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4217 Hurdedge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

David Askren

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

M

5. Color or race W

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

single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

Nov 30 1967
(Month) (Day) (Year)

8. AGE:

76

Years

Months

10

Days

14

If less than one day

hr. min.

9. Birthplace

Ohio
(City, town, or county)

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

Retired

12. Name

Mitchell Askren

13. Birthplace

Ohio
(City, town, or county)

(State or foreign country)

14. Maiden name

Laura Howland

15. Birthplace

Ohio
(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs Elmer Busye

(b) Address

4217 Hurdedge

17. (a)

removed
(Burial, cremation, or removal)

(b) Date thereof

10/17/44
(Month) (Day) (Year)

(c) Place: burial or cremation

Golden Hill

18. (a) Signature of funeral director

Wm. E. Mayberry

(b) Address

2315 Penn

19. (a)

10-16-44
(Date received local registrar)

(b)

T. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 4217 Hurdedge
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 1944 hour 3:00 minute a. M.

21. I hereby certify that I attended the deceased from

to 19
that I last saw him alive on Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Inspection History

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?

Signature A. E. Upstey
Address 2315 Penn
Date signed 10/17/44

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

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 Ray E Snow
Licensed Embalmer No. 2560
P. O. Address 2315 Lenwood

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.