

S. No. 2  
I-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37167  
Registrar's No. 1205

FILED DEC 8 1944

Registration District No. 42 Primary Registration District No. 1020

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

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. Meth. Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 (Specify whether years, months or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2017 Helman  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country (1)

3. (a) PRINT FULL NAME Addie E. Asbill  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Charles M. 6. (c) Age of husband or wife if alive 23 years  
 7. Birth date of deceased Nov 23 1875  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 5 If less than one day  
 .hr. .min.

9. Birthplace Jefferson City Mo. (1)  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Christopher C. Fischer  
 13. Birthplace KY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann E.  
 15. Birthplace Mo. (1)  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Ping  
 (b) Address St Joseph, Mo.

17. (a) Removal (b) Date thereof 11-30-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yukon, Okla

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 11-30-44 (b) Helen J. Pichler  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28  
 year 1944 hour 8 minute P M.  
 21. I hereby certify that I attended the deceased from 10/22, 1944, to 11/28, 1944;  
 that I last saw her alive on 11/28, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic coma Duration 5 days

Due to Chronic nephritis & arterio-sclerosis (gen) 3 mo.

Due to & hypertension many years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 1218  
 Of autopsy none  
 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?  
 (Specify type of place)

While at work? (e) Means of injury C

23. Signature G. T. Bloomer (M. D. or other) M.D.  
 Address 1218 N. 30 St. Date signed 11/30/44

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(Licensed Embalmer's Statement on Reverse Side)

**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..... *Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address..... *St. Joseph, 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.**