S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1945

Registration District No. 6 4

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2343

State File No. 2074

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Aldrich, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade Co

(c) City or town rural Aldrich Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Dade Co

3. (a) PRINT FULL NAME William P Asbell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife: Martha E. Asbell

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

7. Birth date of deceased July (Month) 16 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	6	16	hr. min.

9. Birthplace Dade County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Tyree Asbell

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Malinda Webb.

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Tom Asbell

(b) Address Aldrich, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Asbell Cemetary

18. (a) Signature of funeral director Barker, Ervin & Blue

(b) Address Fair Play, Mo.

19. (a) 2/9/45 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 12th, 1945, to Feb 1st, 1945, that I last saw him alive on Jan 27, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	12 hrs
Due to: Arterial Tension	6 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. B. Kirby (M. D. or other)

Address Dadeville Mo Date signed Feb 6 45

1343

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 245 - 209
Date Filed FEB 13 1945

MAY 27 1946

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore Md

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.