

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 7 1945

Registration District No. 171

Primary Registration District No. 3025

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 days - (Specify whether _____)

3. (a) PRINT FULL NAME Jerry Leon Asbury

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 10/24-1944
(Month) (Day) (Year)

8. AGE: Years 14 Months 4 Day _____ If less than one day _____ hr. _____ min.

9. Birthplace West Plains, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Deaf

11. Industry of Business _____

12. Name Jerry Asbury 0

13. Birthplace West Plains, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Jerry White

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

16. (a) Informant Jerry Asbury

(b) Address West Plains, Mo.

17. (a) _____ (b) Date thereof 10/26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Valley

18. (a) Signature of funeral director Walter Tom

(b) Address West Plains, Mo.

19. (a) 11-25 (b) Jerry Asbury
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Howell
(c) City or town West Plains 46
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 44 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 11-23, 1944, to 11-28, 1944.

that I last saw him alive on 11-28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pneumonia

Due to _____

Due to _____

Other conditions acute leukemia, diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

Signature W. G. Baker (M. D. or other) _____

Address West Plains, Mo. Date signed 12-13-44

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

6

RECEIVED

District Health Officer No. 3

District File Number 345726

Date Filed 9-5-45

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

None

Licensed Embalmer No.....

P. O. Address.....

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.