

FILED MAY 4 1945

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Perdote Mo. 10 1/2 N. near
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren
(c) City or town Perdote Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elkhorn Top (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Walter Aston

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 widowed

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

7. Birth date of deceased Sept 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>14</u>	hr. min.

9. Birthplace St. Warren Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retail

11. Industry or business.....

12. Name Henry Aston
 13. Birthplace England 4
(City, town, or county) (State or foreign country)
 14. Maiden name unknown 4
 15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Aston

(b) Address Warrenton Mo.

17. (a) Burial (b) Date thereof April 8 1945
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Cemetery

18. (a) Signature of funeral director C. H. Harding

(b) Address Jonesburg Mo.

19. (a) April 7 1945 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1945 hour about 10:30 minute..... P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Accidentally found at death in his home

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
1815

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) Accident

(b) Date of occurrence Apr 5 1945

(c) Where did injury occur Warrenton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? No (Specify type of place) (e) Means of injury Driving

23. Signature Dr. F. A. Knepp (M.D. or other)

Address Warrenton Mo 3 Date signed Apr 4 45

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-3-45

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.....

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.