

S. No. 2  
M-5-43  
r. 5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17829

FILED JUN 11 1945

Registration District No. 279

Primary Registration District No. 4415

Registrar's No. 8

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Maud Elsie Asbridge

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 Geneville Asbridge 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Aug 31 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 9 24 hr. min.

9. Birthplace Near Clarksville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Wm W. Pitzer  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Pitzer  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Melburn Asbridge  
(b) Address Clarksville Mo  
17. (a) Burial (b) Date thereof May 28 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry L. Larnock  
(b) Address Clarksville Mo  
19. (a) May 28 1945 (b) Maudie M. Patton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike  
(c) City or town Clarksville  
(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 May day 23 year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 11th, 1945 to May 23, 1945  
that I last saw her alive on May 22  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial

Due to Probably bronchial type of influenza  
Due to not known

Other conditions (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) (c) Means of injury

23. Signature E. M. Barber (M. D. or other)  
Address Clarksville Mo Date signed 5/28/45

(Licensed Embalmer's Statement on Reverse Side)

1364

WRITE PLAINLY—USE UNFADING 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, on May 25-194

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Clifton Miller*

Licensed Embalmer No. 3364

P.O. Address..... Elkberry, 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.**