V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32551

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4494

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or Institution: Northeast Restorium 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo (Specify whether years, months or days) In this community 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Mendon, Mo 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Asdell
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel Melton Asdell
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 2/24/1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Perry-City, Iowa (City, town, or county) (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business
12. Name Charles Ring
13. Birthplace Unk (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Vangundy
15. Birthplace Unk. (City, town, or county) (State or foreign country) 4
16. (a) Informant Fred Asdell
(b) Address Kansas City, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation Sumner, Mo.
18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo.
19. (a) 11-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 1945 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 11, 1945 to Nov 1, 1945 that I last saw her alive on Oct 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 weeks
Acute Bronchitis	4 days
Due to Arteriosclerosis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations — 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 C W Rose (M. D. or other) M.D.
Address 1037 N. Elmwood, K.C. Mo. Date signed 11/1/45

(Licensed Embalmer's Statement on Reverse Side)

Lev Rose
10 3 No Elmwood
B2 4191

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 John P. Sheil

Licensed Embalmer No. 3625

P. O. Address K C 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 44945

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of Nov., 1945, before me appears Arthur Asdell, who, upon his oath, states that the original record of ~~birth~~ death for Anna Asdell died ~~born~~ Nov. 1, 1945, in the State of Missouri, and which was filed at K.C., Mo. on 11-1, 1945, should be corrected as follows:

Item No. 3(a) should read Anna Asdell

Instead of Susanna Asdell

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur Asdell, Relationship son

3830 Main Kansas City Mo.
Present Address.

Subscribed and sworn to before me this 8th day of Nov., 1945

My Commission expires Oct. 20, 1947, Carrie M. Ruppelius Notary Public.

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