S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34971

FILED OCT 22 1945

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Millspring mill Swansea Twp
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Or 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne ///
(c) City or town Piedmont 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Ann Asberry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female / Male

5. Color or race White

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

6. (b) Name of husband or wife James Asberry

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

7. Birth date of deceased March (Month) 2 (Day) 1861 (Year)

8. AGE: Years 84 Months 7 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House work

11. Industry or business Home

MOTHER FATHER

12. Name John R. Ging

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

MOTHER

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Asberry

(b) Address Piedmont, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Millspring, Mo.

18. (a) Signature of funeral director N W Gish

(b) Address Piedmont Mo

19. (a) Oct 20-1945 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1944 / , 19 , to oct 17 1945 19 ;
that I last saw her alive on Oct 17, 1945 , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardio-vascular collapse

Due to Senility + arterio-sclerosis

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 0

23. Signature W Wilkins M D (M. D. or other)

Address Piedmont Mo Date signed Oct 19 1945

1503

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1945

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

Marvin E. Bowles, Registered Apprentice No. 382,

working under my personal supervision.

Signed Norman W. Yoshi

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.