S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37008

Registration District No. 93 — Primary Registration District No. 5844 — Registrar's No. 12

1. PLACE OF DEATH

(a) County Dade, W. Morgan Township
(b) City or town Aldrich (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 miles W. of Aldrich
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 70 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Aldrich (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles West of Aldrich
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Martha Elizabeth Askell
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William P. Askell
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased June (Month) 23 (Day) 1864 (Year)

8. AGE: Years 81 Months 4 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Wright County, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business House Work
MOTHER
12. Name Calloway Blankenship
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Nancy Mann
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jane Richey
(b) Address Aldrich, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Askell Cemetery
18. (a) Signature of funeral director Willard P. Erwin
(b) Address Dadeville, Mo.
19. (a) Nov. 13-1945 (Date received local registrar) (b) Sue F. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1945 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1945, to Nov 9, 1945, that I last saw her alive on Nov 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Poisoning — Senility — Weak Heart	14 days
Due to	
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, public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. B. Kirby (M. D. or other)
Address Nov. 10 Dadeville, Mo. Date signed 12-10-45

1420

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1946

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 Richard B Erwin

Licensed Embalmer No. 3092

P. O. Address Belmar, 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.