

FILED JAN 11 1946

Registration District No.

Primary Registration District No. 5381

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Rural - Current Township
(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 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mervyn Leroy Askin

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 548-10-2972

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Myrtle Askin 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 17, 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 25
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Askin

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Askin

(b) Address Montauk, Mo.

17. (a) Burial (b) Date thereof 12-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Helen J. Shaulham

(b) Address Salem, Mo.

19. (a) 12-13-45 (b) M. M. Hart, M.D. by Reg.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt 33
(c) City or town Rural - Current Township
(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 Dec day 11
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Not seen alive
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature M. M. Hart M.D. (M. D. or other)

Address Deputy Coroner Date signed 12/13/45

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

RECEIVED

strict Health

District File Number

Date Filed

Order No. 5

14682

119146

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

May L. Orsful

Licensed Embalmer No.

4170

P. O. Address

Salem, 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.