No. 2
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X23159

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

29670

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 317

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles F. Asa

3. (b) If veteran, name war

3. (c) Social Security No. 487-18-3010

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nida Asa

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. (Month) 9, (Day) 1898 (Year)

8. AGE: Years 48 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation R. R. Section Crew Laborer

11. Industry or business

FATHER
12. Name F. P. Asa
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Alta Brown
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Nida Asa
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sadlers Chapel

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Mo.

19. (a) 9-19-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1946 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from August 30, 1946, to September 5, 1946; that I last saw him alive on September 5, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ruptured Gastric Ulcer	
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, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. McPhetus (M. D. or other) M.D.
Address Poplar Bluff, Missouri Date signed 9/12/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...strict Health Office No. 2,
...strict File Number 946-1158
Date Filed 9-24-46

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.