

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946
341

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39346**
Registrar's No. **41**

Registration District No. **341** Primary Registration District No. **3075**

1. PLACE OF DEATH:
(a) County **Stoddard** *Liberty*
(b) City or town **Dexter**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3**
(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 **Stoddard**
(c) City or town **Dexter**
(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 _____

3. (a) PRINT FULL NAME **Roy Deltas Asa**
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 8, 1933**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** Day **17**
year **1946** hour **10** minute **40** A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
12 11 9 hr. _____ min.

Immediate cause of death **Accidental collision with a Car driven by Wm. Ringo**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation **School Boy**

11. Industry or business _____

12. Name **Charles F. Asa**

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

14. Maiden name **Nida M. Fletcher**

15. Birthplace **West Frankurt, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nida Asa**

(b) Address **Dexter, Missouri**

17. (a) **Burial** (b) Date thereof **11-19-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sadlers Chapel**

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

19. (a) **11/25-1946** (b) **Margaret Pruitt**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) **Accident 103**
(b) Date of occurrence **Nov 17, 1946**
(c) Where did injury occur? **Dexter, Stoddard, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Street (Specify type of place)
While at work? **yes** (e) Means of injury _____

23. Signature **Coroner** (M.D. or other) _____
Address **Dexter, Mo.** Date signed **Nov 16, 46**

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

MOTHER FATHER

369

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1246-1397

Date Filed 12-5-46

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 _____

Licensed Embalmer No. 3479

P. O. Address _____

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.