

FILED DEC 10 1946
Registration District No.

Primary Registration District No. 5083

Registrar's No.

32

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural-Mound 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 78 Years
years, months or days)

3. (a) PRINT FULL NAME James Robert Askew

3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased February 16 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>9</u>	<u>20</u>	hr. _____ min.

9. Birthplace Logan County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Robert Askew
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Carr
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.E. Chambers(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 12-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.18. (a) Signature of funeral director Leath & Co.(b) Address Adrian Mo.

19. (a) Dec 7-1946 (b) Myra Owens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural-Mound Twp
(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 December, day 6
year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 1
_____, 1946, to Dec. 1, 1946

that I last saw ~~him~~ alive on Dec. 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
general

Duration

Due to nephritisDue to age

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 sta-
tistically.

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? D (Specify type of place) (e) Means of injury _____

23. Signature E.E. Robinson (M. D. or other)
Address Adrian, Mo. Date signed 12-7-46

