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M-543
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41743

State File No.

Registration District No. 300

Primary Registration District No. 654449

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Ellington
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

(c) City or town Ellington Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MATION ASBERRY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W

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

6. (b) Name of husband or wife Bessie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 11 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name William Asberry

13. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Heathley

15. Birthplace Kennett
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Asberry

(b) Address Ellington Mo

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

(c) Place: burial or cremation Ellington Mo

18. (a) Signature of funeral director Philip J. French

(b) Address Van Buren Mo

19. (a) 12-26-1946 (b) Bessie Evans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1946 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from November 11, 1946 to November 19, 1946 that I last saw him alive on November 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive
Heart Failure

Due to Bronchopneumonia and hypertension 9 days

Due to _____

Other conditions Acute regurgitation
several years

Major findings: _____

Of operations _____

Of autopsy A 2 A

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) _____

(e) Means of injury _____

23. Signature A. J. Bugg (M. D. or other) _____

Address Ellington, Mo Date signed 12-10-46

296 (Licensed Embalmer's Statement on Reverse Side)

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

40553

RECEIVED

District Health Officer No. 5,

District File Number 14721

Date Filed 1-13-47

EB 28 1947

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 11-9-46

....., Registered Apprentice No.

working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.