

FILED **AUG 7 1947**
Registration District No. **570**

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:
(a) County **St Charles**
(b) City or town **St Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **3 days** years, months or days)

3. (a) PRINT FULL NAME **Clifford Asher**
3. (b) If veteran, name war **Name**
3. (c) Social Security No **498-03-6816**

4. Sex **M** **5. Color or** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Arizona Lee**
6. (c) Age of husband or wife if **37** years
7. Birth date of deceased **August 16 1910**
(Month) (Day) (Year)

8. AGE: Years **36** Months **11** Days **4**
If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Saw Mill**

12. Name **Noah Asher**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs Arizona Asher**

(b) Address **Bluff Springs Ill.**

17. (a) Burial (b) Date thereof **July 21, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buried Mo.**

18. (a) Signature of funeral director **Wickham Bone**

(b) Address **St Charles Mo.**

19. (a) 7/28/47 (b) **Francis Hamelton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Warren 109**
(c) City or town **Warrenton**
(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 **July** day **20**
year **1947** hour **2** minute **30 A** M.
21. I hereby certify that I attended the deceased from **July 17**, 19**47** to **July 19**, 19**47**
that I last saw him alive on **July 19**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema
uremia
Due to **Third degree burns**
face, neck, back arms.
Due to **thorax & abdomen**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **16/5**
Of autopsy **16/5**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident 109**
(b) Date of occurrence **July 17, 1947**
(c) Where did injury occur? **Warrenton Warren Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place)
(c) Means of injury **Heartburn**
23. Signature **Eugene J. Canty** (M. D. or other)
Address **St. Charles, Mo** **Date signed** **7/24/47**

Date Filed 8-5-47

District File Number

District Health Officer No. 9,

RECEIVED

AUG 2 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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 8151

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.