

Registration District No. 12 Primary Registration District No. 5051

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Mountain
(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 years, months or days)

3. (a) PRINT FULL NAME Minnie Asher
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 23 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>7</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Isam Foster

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

14. Maiden name Tennessee Kerr

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

16. (a) Informant Mrs. Tennessee Wilson

(b) Address Cape Fair, Missouri

17. (a) Burial (b) Date thereof 4-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summers Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) 1-3-48 (b) Mrs Gene Audsorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? MO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1947 to March 29, 1947
that I last saw her alive on March 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 10 days

Due to Complication of influenza

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 33A

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 Paul R. Hammond (M. D. or other) M.D.
Address Cape Fair, Mo. Date signed 4-2-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

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

Ruby Elkins

Registered Apprentice No. *496*

working under my personal supervision.

Signed

J. C. Coker

Licensed Embalmer No. *3584*

P. O. Address *Cassville*

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.

Registration District No. 12

Primary Registration District No. 50516

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry Rural
 (b) City or town _____
 (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 _____ years, months or days

3. (a) PRINT FULL NAME Minnie Ashes

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Nov 23 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day) _____ min.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name Sam Foster

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

14. Maiden name Tennessee King

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

16. (a) Informant Mrs. Jennie McCallister

(b) Address Carl Fair, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Summer Camp

18. (e) Signature of funeral director William F. N. Cassella

(b) Address 1131/48 (Date received local registrar) (c) Mrs. Helen Hudson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
 (c) City or town Rural (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 Mar 30 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Fred L. Womack (M.D. or D.O.) Address Came, Mo Date signed _____

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

SUPPLEMENTARY

