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DEPARTMENT OF COMMERCE

BUREAU OF THE CRISUNS

FILED NOV 26 1947

Registration District No. 275

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4434

State File No. 39259

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls,  
(b) City or town Center, Missouri.  
(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 76 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls,  
(c) City or town Center, Missouri.  
(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 Edward F. Asher.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice A. Asher. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November, 20, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 11 29 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name James H. Asher.

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

14. Maiden name Mary J. (State or foreign country)

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

16. (a) Informant Alice A. Asher!

(b) Address Center, Missouri.

17. (a) Burial (b) Date thereof 11-21-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Cemetery.

18. (a) Signature of funeral director Clyde Wilkey

(b) Address Center, Missouri.

19. (a) 11-20-1947 (b) Clyde Wilkey  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th. year 1947 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 6 1947 to Nov. 19 1947 that I last saw him alive on Nov. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 weeks  
Due to unknown

Due to unknown  
Other conditions unknown  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None  
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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. H. Brooks (M. D. or other) MD.  
Address Center, Mo Date signed 11/20/47

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1686  
Date Filed NOV 24 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.....

Ernest Wilson, Registered Apprentice No. 490,  
working under my personal supervision.

Signed Royce Wilkey  
Licensed Embalmer No. 3820  
P. O. Address Perry 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.