

FILED DEC 15 1947

Registration District No. **374**

Primary Registration District No. **4547**

Registrar's No. **72**

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

1. PLACE OF DEATH:
 (a) County Worth
 (b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME Mrs. Anna B. Asher
 3. (b) If veteran, name war _____ 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 Thomas Asher 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 17 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	4	7	hr. _____ min.

9. Birthplace Grant City No. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Green Scott
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Kathleen (unknown)
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Ferguson

(b) Address Saint Joseph, Missouri

17. (a) IBurial 1947 (b) Date thereof II-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Missouri

18. (a) Signature of funeral director Archib. Dunfee

(b) Address Grant City, Mo.

19. (a) Dec 1-1947 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Worth
 (c) City or town Grant City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month X 01 day 24
 year 1947 hour 5:30 minute 8 M.
 21. I hereby certify that I attended the deceased from Nov 1
1947 to Nov 24 1947
 that I last saw her alive on Nov 24 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Courney Decline
 Duration 2 Day

Due to _____

Due to _____

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

Major findings: ✓
 Of operations 94A
 Of autopsy we

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 [Signature] (M. D. or other) ✓

Address _____ Date Dec 26-47

APR 23 1948

JAN 13 1948

APR 20 1948

JUN 4 1948

DISTRICT HEALTH OFFICE
Canton, Mo.

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. 3252

P. O. Address Grant City, 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.