

FILED MAR 9 1948
Registration District No. 846

Primary Registration District No. 3002

State File No.

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 E. Walnut
(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 Thomas W. Asbury

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married: divorced M
6. (b) Name of husband or wife: Ethel Asbury 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: August 20 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 8 _____ hr. _____ min.

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

10. Usual occupation Retired Laborer

11. Industry or business

12. Name James S. Asbury

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

14. Maiden name Elizabeth Slaughter

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

16. (a) Informant Ethel Asbury

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof Jan. 30 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakhill Cemetery

18. (a) Signature of funeral director: Culver-Underwood

(b) Address Butler, Missouri

19. (a) 1-30-48 (b) Pendall Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler (If outside city or town limits, write "RURAL")
(d) Street No. 605 E. Walnut (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration _____

Due to dead on arrival 3 min

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Jan 27 - 1948

(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? 3

While at work? _____ (Specify type of place)

(e) Means of injury Coroner

23. Signature John G. Underwood (M. D. or other)

Address Butler, Mo Date signed 1-28-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-190

Date Filed 3-8-48

VS
APR 20 1959

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

John J. Hulewicz

Licensed Embalmer No. 3585

P. O. Address Butler 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.