

FILED FEB 18 1948

Registration District No. 477

Primary Registration District No. 5324

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural Boone Twsp.
(c) Name of hospital or institution: Bourbon, Mo. Rt. 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Newton Isaac Asplin

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife Nancy Asplin 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased Nov. 19 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name Isaac Asplin

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

14. Maiden name Unknown

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

16. (a) Informant Isaac Asplin

(b) Address Bourbon, Mo. Rt. 2.

17. (a) Burial (b) Date thereof Tue. 1/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Sullivan, Mo.

18. (a) Signature of funeral director W. V. Sullivan

(b) Address Sullivan, Mo.

19. (a) 1-13-48 (b) W. V. Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bourbon, Mo. Rt. 2.
(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 10 year 1948 hour 9 minute 50 a.m.

21. I hereby certify that I attended the deceased from Jan 9, 1948 to Jan 9, 1948
that I last saw him alive on Jan 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to General arteriosclerosis

and Left Hemiplegia

Other conditions Rheumatoid arthritis
(Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

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 W. V. Sullivan (M.D. or other)

Address Sullivan, Mo. Date signed 1/10/48

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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.....

Robert M. Murray

Licensed Embalmer No.....

3749

P. O. Address.....

Sullivan, 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.