

State File No. _____

FILED JUN 21 1948

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community _____
years, months or _____)

3. (a) PRINT
FULL NAME

Dowing Asbury

3. (b) If veteran, **no** 3. (c) Social Security
name war No. **none**

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if 2 alive _____ years

7. Birth date of deceased August 5 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	9	27	hr. min.

9. Birthplace..... Saline County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....retired R.R. worker

11. Industry or business.

ER (12 Name ~~do~~ don't know

13; Birthplace _____ No. 0

14. Maiden name Georgia Jackson

15. Birthplace _____ Mo. 0

(City, town, or county) (State or foreign country)

16. (a) Informant: Slater, Mo.

17-^(b) ⁽³⁾ Address burial (b) Date thereof 6-4-1948

(Burial, cremation, or removal) Slater, No (Month) (Day) (Year)

Place: burial or cremation: Hill Brothers

18. (a) Signature of funeral director: W. E. Brothers,
(b) Address: Slater, Mo.

19. (a) 6-7-'48 (b) Mrs. Earl C. Metz

(Date received local registrar) _____ (Registrar's signature) *[Signature]*

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Slater
(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 June day 2nd
year 1948 hour 2 minute a M

21. I hereby certify that I attended the deceased from May-28 1948 to June-27 1948
that I last saw him alive on June 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	<i>Arson</i>	Duration
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Due to.....

Due to.....

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

Major findings:
Of operations.....

5. Of autopsy. 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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (c) Means of injury

37. Signature: M. P. Duguid M.D. (Print name)

73. Signature Robert J. Davis (M. D. or other) _____
Address _____ Date signed 6/3/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-19-48

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

Guy F. Hayes Jr., Registered Apprentice No. 88
working under my personal supervision.

Signed

Sam M. Hill

Licensed Embalmer No.

1292

P. O. Address

State 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.