DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1948

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4124

State File No. 22544

Registrar's No. 36

1. PLACE OF DEATH:
(a) County: Clark
(b) City or town: Kahoka
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Clark 23
(c) City or town: Kahoka 1 0 0
(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: Lydia Katherine Asher
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓
4. Sex: F. W.
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Albert Asher
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: June (Month) – 20 (Day) – 1855 (Year)
8. AGE: Years 93 Months 0 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace: Adams County Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ✓
12. FATHER Name: Robert Hecker
13. FATHER Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Lydia Benfield
15. MOTHER Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Bert Brandner
(b) Address: Kahoka Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cemetery
18. (a) Signature of funeral director: Fred J Kaela
(b) Address: Kahoka Mo.
19. (a) 8/4-48 (Date received local registrar) (b) J R Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1948 hour 2 minute 20 P M.
21. I hereby certify that I attended the deceased from June 8, 1948 to June 22, 1948 that I last saw her alive on June 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — *Duration*
Due to: Ruptured artery in brain
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
Of autopsy:

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) 0
While at work? (e) Means of injury:

23. Signature: J. M. Riggs (M. D.)
Address: Kahoka Date signed Aug 4 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 8-48-1
Date Filed AUG 6 - 1948

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.