

FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23001

Registration District No. 1948

Primary Registration District No. 5562

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 mile west of Hogan
(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 Roger Dale Asberry

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male () 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 18 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	4	_____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Raymond Asberry13. Birthplace Centerville Mo.
(City, town, or county) (State or foreign country)14. Maiden name Louise Phelps15. Birthplace Centerville Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Raymond Asberry(b) Address Glover Missouri17. (a) burial (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Glover Missouri18. (a) Signature of funeral director White Funeral Home(b) Address At White Ironton Missouri19. (a) 8-2-48 (b) avis Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 mile west of Hogan
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____
by coroners duties

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
premature birth

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy none

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 Chas Hampton M. Coroner
Address Annapolis Missouri Date signed _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 848-102

Date Filed 8-11-48

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 _____

was not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed Samuel K. Davis

Licensed Embalmer No. 3012

P. O. Address Madison New

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.