

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23420**

FILED JUL 18 1946
Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun
(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)

In this community _____ years, months or days 49

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Calhoun
(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 Ora Belle Askins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Aug 27 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Lat Place Macon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name John Dever

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

14. Maiden name L. J. Broyles

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

16. (a) Informant Ruby A. Harris

(b) Address 740 D Bellefontaine, N.C. Mo.

17. (a) Burial (b) Date thereof 7 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Cemetery

18. (a) Signature of funeral director J. A. Housley

(b) Address Calhoun Mo

19. (a) 7-10-46 (b) R. N. Henney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-15-1946 to 7-9-1946
that I last saw her alive on 7-7-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations None (2)

Of autopsy None

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed. C. Peeler (M. D. or other) M.D.

Address Clinton Mo Date signed 7/10/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC

Dis

No. 11

District

6-46-727

Date Filed

7-17-46

OCT 8 1946

SEP 13 1946

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 *myself*, Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No. *3503*

P. O. Address *Calhoun Iowa*

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.