

S. No. 2
4-5-42
5-17-39
PI X32873

FILED AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Osbo
(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) 76

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Rural Osbo
(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 Mary Eva 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 widowed
6. (b) Name of husband or wife Harvey Askins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 5 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day
hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Warren Gooden

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

14. Maiden name Betty Billion

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

16. (a) Informant Mrs May Houston

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. Apperley

(b) Address Calhoun Mo

19. (a) 8-21-46 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1946 hour _____ minute 7 A. M.
21. I hereby certify that I attended the deceased from March
14 1946, to Aug 4 1946;
that I last saw her alive on 7-28 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chronic nephritis & cystitis 2 yr
Due to Apoplexy (since 3-28-46)

Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
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? _____

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

23. Signature J. L. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 8-5-46

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

MOTHER FATHER

RECEIVED

Office No. 7,

7-46-883-

8-26-46

Date

OCT 8 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

J. A. Houser

Licensed Embalmer No. *3562*

P. O. Address *Calhoun 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.