LEGD APR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11176
Do not use this space.

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1. PLACE OF DEATH
(a) County JASPER
(b) Township GALENA
or
(c) City JOPLIN
Registration District No. 411
Primary Registration District No. 2002
Registered No.
(d) Street No. FREEMAN HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMETT A. ASKEW
(a) Residence, No. SHELDON, MO St. Sheldon, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1909
7. AGE: YEARS 29 MONTHS 6 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADRIAN Mo.

FATHER
13. NAME Robert W. Askew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATES COUNTY Mo.

MOTHER
15. MAIDEN NAME Lulu Criswell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elberon Iowa

17. INFORMANT (ADDRESS) Robert Askew Sheldon, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE ADRIAN, MO. DATE 4-2-39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. B. Beeney Sheldon, Mo.
20. FILED 4-1 1939 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-39 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Mar 30 - 1939. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

Gun shot wound in back - Shot fired by Special officer in making arrest

Date of onset

Other contributory causes of importance: 173

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
~~Accident, suicide,~~ or homicide? Homicide Date of injury 3/28/1939
Where did injury occur? Joplin, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Back of Thomas Ice Plant
Manner of injury Shot in making arrest
Nature of injury Shot in back

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) A. L. Winchester Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 6-39-871
Date Filed APR 12 1939

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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

If this body is not embalmed, above space should be left blank.