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MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 613 Meier
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Month (Specify whether years, months or days)

In this community: Elba Lloyd Asher

3. (a) PRINT FULL NAME: ELBA LLOYD ASHER

3. (b) If veteran, name war: No

3. (c) Social Security No.: not known

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mamie Asher

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: Jan 26 - 1903
(Month) (Day) (Year)

8. AGE: Years: 37 Months: 2 Days: 15 If less than one day: hr min.

9. Birthplace: Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Farming

12. Name: J. L. Asher

13. Birthplace: Bethel Kansas
(City, town, or county) (State or foreign country)

14. Maiden name: Asher

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

16. (a) Informant: J. L. Asher

(b) Address: Bethel Rans

17. (a) Burial: Burial (b) Date thereof: 4/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wichita Cem. St. James Mo

18. (a) Signature of funeral director: W. M. Brown

(b) Address: 1100 N. W. Brown

19. (a) April 14, 1940 (b) W. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

(c) City or town: Bethel Kansas
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 4 Day: 11 Year: 1940
hour: _____ minute: 1 A M.

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

Immediate cause of death: Acute Pulmonary Emphysema + Edema

Due to: Acute Alcoholism

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration

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: 5

23. Signature: W. M. Brown (M. D. or other)

Address: _____ Date signed: _____

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

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 *John D. [Signature]*
Licensed Embalmer No. *3754*
P. O. Address *KC 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, above space should be left blank.