

Registration District No. 316

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Asley, Burton 635

8. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Eva Burton 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 21 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name L. G. Burton
18. Birthplace Dallas Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace Dallas Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Asley

(b) Address Windsorville Mo

17. (a) Belar Ridge (b) Date thereof 5-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belar Ridge

18. (a) Signature of funeral director L. G. Jones

(b) Address Duffalo Mo

19. (a) 5-14-40 (b) W. E. Haudley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town Windsorville Mo
(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 May day 11 ch
year 1940 hour 89 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on May 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Basal Skull Fracture

Due to Being thrown from car and landing on pavement Riding in back of truck
Due to when riding road truck
car did not turn over

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) accident
(b) Date of occurrence May 11 1940
(c) Where did injury occur? Windsorville Dallas Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
944 Highway
While at work? _____ (Specify type of place)
(e) Means of injury Car out of control

23. Signature W. E. Haudley (M. D. or other) _____
Address Corona Greene County Date signed 5/14

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X