

Registration District No. **640**

Primary Registration District No. **5849**

1. PLACE OF DEATH:

(a) County **Osage**
(b) City or town **Royal**
(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
In this community **Centric Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Osage**
(c) City or town **Rural**
(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.?

3. (a) PRINT FULL NAME

John Asselmeyer

(b) If veteran, name was

(c) Social Security No.

4. Sex **M**

5. Color of race **W**

6. (a) Single, married, divorced, **Married**

(b) Name of husband or wife **Unknown**

(c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Dec 20 1877**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **17** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Herman Asselmeyer**

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

14. Maiden name **Carlina Hagemeier**

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

16. (a) Informant **Mrs Oth Gieseher**

(b) Address **Royal Mo**

17. (a) **Royal** (b) Date thereof **June 10 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Royal**

18. (a) Signature of funeral director **North Funeral Home**

(b) Address **Royal Mo**

19. (a) **6-10-1940** (b) **Frank Oliver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **7**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Ulcers of stomach and heart ailment.** Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Natural death**

(b) Date of occurrence **May 7 - 40**

(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? **571**
While at work? (Specify type of place) (e) Means of injury

23. Signature **Frank Oliver** (M. D. or other)

Address **Royal Mo** Date signed **6-7-1940**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Vernon Morton

Licensed Embalmer No. *4125*

P. O. Address *Linn*

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.