No. 2
-13-40
-17-39
X23159

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

AUG OCT 19

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32068

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 788

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: St John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Unknown Rural (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Elza Asbell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Verna Asbell

6. (c) Age of husband or wife if alive 50 about years

7. Birth date of deceased March (Month) - 18 (Day) - 1889 (Year)

8. AGE: Years 51 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Dade Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Tyree Asbell
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Amy Jane Vanderpool
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Maxine Asbell

(b) Address Greenfield Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Erwin & Dinwiddie

(b) Address Dadeville, Missouri

19. (a) Sept 29, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1940 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him ~~alive~~ dead on Sept 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia (Bronchial)	
Due to Compression and Contusion Spinal Cord at level of 7th Cervical	6 days
Due to Blow on head and fall from top of load of hay.	
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 9/21/40

(c) Where did injury occur? Aldrich (City or town) (Unknown) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from load of hay when head was struck on cross beam (Specify type of place)

While at work? yes (e) Means of injury On Farm near Aldrich

23. Signature R. Ned White (M. D. or other)

Address Conner Greene County Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 S L Dimiddie, Registered Apprentice No. ..... working under my personal supervision.

Signed S L Dimiddie

Licensed Embalmer No. 3786

P. O. Address Gadeville, M

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

If this body is not embalmed, fact should be so stated above.