

No. 2
1-13-40
17-39
I X23118

41826

JAN 10 1941

State File No. _____

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1265**

1. PLACE OF DEATH: Buchanan
 (a) County St Joseph Mo
 (b) City or town St Joseph Mo
 (c) Name of hospital or institution: 2311 Vorles **3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 1/2 weeks
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County W. Kalb
 (c) City or town Pattonburg 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? _____ years.

3. (a) PRINT FULL NAME Addie Ethel Assel

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Frank G. Assel 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased July 5 1877
 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 27 If less than one day
 hr. _____ min. _____

9. Birthplace W. Kalb Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Simon Jones
 { 13. Birthplace ? Ohio
 { 14. Maiden name Malinda Creason
 { 15. Birthplace Atalanda Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank G. Assel
(b) Address Pattonburg Mo RR

17. (a) Burial (b) Date thereof Dec 4 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director J. H. Gromer
(b) Address Pattonburg Mo

19. (a) Dec 2 1940 (b) J. H. Gromer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2
year 1940 hour 12.15 minute P M.

21. I hereby certify that I attended the deceased from April 2
April 1940 to April 2 1940
 that I last saw her alive on April 9 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Rectum

Due to _____

Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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? _____

85 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature St. Joseph Mo (M. D. or other) md.
Address St Joseph Mo Date signed 4/2/40

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 *will be*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *3857*

P. O. Address *Pattonburg 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, fact should be so stated above.