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FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22089

Registration District No. 506 Primary Registration District No. 5671 Registrar's No.

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn Baker Tp

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58 0

(c) City or town New Boston 0
(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 CHARLES W. ASHER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex O M

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Mary M Asher

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March (Month) 3 (Day) 1884 (Year)

8. AGE: Years 57 Months 3 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Asher
13. Birthplace (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name Campsy Watts
15. Birthplace (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant Mary M Asher
(b) Address New Boston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Helton

18. (a) Signature of funeral director M H McCollum
(b) Address South Gifford Mo

19. (a) June 24 1941 (Date received local registrar) (b) Gertrude Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour Nine minute 20A M.

21. I hereby certify that I attended the deceased from June 15, 1941, to July, 19 ;
that I last saw him alive on June 15th, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Apoplexy~~ Apoplexy	inst
Due to	
Due to	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

891

23. Signature C. B. Pinkerton (M. D. or other) DO
Address New Boston Date signed 6/15/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 0 1941

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 W. N. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford

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

If this body is not embalmed, above space should be left blank.