

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34648**

FILLED NOV 11 1941

Registration District No. **201**

Primary Registration District No. **5280 3012** Registrar's No. **92**

1. PLACE OF DEATH:

(a) County **Colay, Mo**
(b) City or town **Liberty, Mo**
(c) Name of hospital or institution: **at home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **60 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Colay, Mo**
(c) City or town **Liberty, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **527 N. Monroe Ave**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Theodore Astbury**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **18**
year **1941** hour **10** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bridie Astbury** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **May 29 - 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 1**, 19**41**, to **Oct 18**, 19**41**
that I last saw him alive on **Oct 18**, 19**41**
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **4** Days **19** If less than one day _____ hr. _____ min.

Immediate cause of death **Tuberculosis of lungs.**
Due to _____
Due to _____

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

Other conditions **138'**
(Include pregnancy within 3 months of death)

10. Usual occupation **Plasterer for self.**

11. Industry or business _____

12. Name **Calvin Astbury**

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

14. Maiden name **Mary Whitsett**

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

16. (a) Informant **Earl Astbury**

(b) Address **Belle, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 21-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Famier's Liberty, Mo**

18. (a) Signature of funeral director **Church-Crcher Co. Liberty, Mo.**

(b) Address _____

19. (a) **Oct 19 1941** (b) **Helen Early**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy **Complete destruction of left lung & upper lobe of right lung.**

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? _____

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

23. Signature **Burton Mathey MD** (Name, or other) **MD**

Address **Liberty, Mo** Date signed **10-20-41**

Duration **5 yrs.**

PHYSICIAN

Underline the cause to which death could be attributed.

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

RECEIVED
District Health Officer No. 8,
District File Number
11-8-41
Date Filed

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..... *Edgar Archer*

Licensed Embalmer No..... *3311*

P. O. Address..... *Liberty 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.