S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21436
State File No.

Registration District No. 708 | Primary Registration District No. 3020 | Registrar's No. 133

49 1 3

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 721 East Second Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 721 East Second St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: GLADYS MAE ASHER
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: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 9, (Day) 1925 (Year)
8. AGE: Years 17 | Months 5 | Days 14 | If less than one day ..... hr. ..... min.
9. Birthplace: Kendricktown, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Student
11. Industry or business: School
FATHER 12. Name: Eldon I. Asher
FATHER 13. Birthplace: Aurora, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Nellie Frey
MOTHER 15. Birthplace: Phenix, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Eldon I. Asher
(b) Address: 721 East 2nd. St. Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/25/1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Macon & Garrison, Carthage, Mo.
19. (a) June 25, 1942 (Date received local registrar) (b) Elizabeth Coupline (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd. year 1942 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from May 18, 1942 to June 23, 1942 that I last saw him alive on June 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis.	
Due to: Mitral regurgitation	
Due to: Rheumatic Carditis	8 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: G2P	
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
23. Signature: R. N. Moster (M. D. or Other)
Address: Carthage Mo. Date signed June 25 42

1273 (Licensed Embalmer's Statement on Reverse Side)

42.6.557

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Carthage, Ills.

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.