

FILED MAR 10 1943

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County St. Francois Co. Mo.

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

(c) Name of hospital or institution: St. Vincent's  
(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 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Esther  
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DONALD RAY ASHER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 4 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name James H. Asher

13. Birthplace Reynolds Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name May Burton

15. Birthplace Reynolds Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Asher

(b) Address Paris, Mo.

17. (a) Burial (b) Date thereof 2-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Co Mo

18. (a) Signature of funeral director Calvin B. ...

(b) Address Flat River Mo.

19. (a) Feb. 4 1943 (b) Byndie Buhmester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1943 hour 1 minute 55 am

21. I hereby certify that I attended the deceased from Jan 29 to Jan 31, 1943, that I last saw in alive on Jan 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to fluid cold 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 L. M. Stanfield (M. D. or other) no

Address Paris, Mo. Date signed 1/31/43

Physician  
Underline the cause to which death should be charged statistically.

1175

**RECEIVED**

District Health Officer No. 4  
District File Number 343-1848  
Date Filed 3-5-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**