

No. 2
5-42
5-17-33
1 X 3277

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31181
State File No. _____
Registrar's No. 1057

OCT 13 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2421 Francis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 76 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2421 Francis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Maggie Asher

3. (b) If veteran, name war No

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 _____

6. (c) Age of husband or wife if alive 1867 years

7. Birth date of deceased April 9 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 14
If less than one day hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business S. Wallace Asher

12. Name Unknown Kentucky

13. Birthplace Mary Mannsfield
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Missouri
(City, town, or county) (State or foreign country)

15. Birthplace Family Records
(City, town, or county) (State or foreign country)

16. (a) Informant Family Records

(b) Address _____

17. (a) Burial (b) Date thereof 9/27/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon St. Joseph, Mo.

19. (a) 9/27/43 (b) Rose Heitz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 22nd.
year 1943 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from 8/20 1943 to Sept 22 1943

that I last saw her alive on Sept 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Monilia pulmonale

Duration _____

Due to Monilia albicans

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 4311

Major findings: Of operations none

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 Harold J. Brumm (M. D. or other)

Address St Joseph, Mo Date signed 9.24.43

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

MOTHER FATHER

7258

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..... *Albert E. Harrington*

Licensed Embalmer No..... **3258 Missouri**

P. O. Address..... **St. Joseph, Missouri.**

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.