

BUREAU OF THE CENSUS
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Roy Aschom

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 single

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

7. Birth date of deceased January 24 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation retired bookkeeper

11. Industry or business _____

12. Name Benjamin Aschom

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

14. Maiden name Susan Elizabeth Goin

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John B. Hayes
(b) Address Miami, Florida

17. (a) burial (b) Date thereof 4/13/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo

19. (a) 4/13/46 (b) Earl McCormick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10th
year 1946 hour 2 minute 40 p. M.

21. I hereby certify that I attended the deceased from Apr 8, 1946, to Apr 10, 1946
that I last saw him alive on Apr 26, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to chronic interstitial nephritis

Due to chronic alcoholism

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

Major findings:
Of operations _____
Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Earl McCormick (M. D. or other) M.D.
Address Moberly Mo Date signed 4-10-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

16632

269

RECEIVED

District Health Officer No. 10

District File Number 5-46-9269

Date Filed MAY 23 1946

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, W.

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.