S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41192

FILED JAN 2 1948

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 275

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Missouri State Penitentiary Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr. 10 mo 20 da (Specify whether years, months or days)

In this community 6 yr. 2 mo. 3 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Cole (b) County Jasper 26

(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Forrest (Pete) Asher

3. (b) If veteran, name war --------

3. (c) Social Security No. ----

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January 15, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	11	6	hr. min.

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

10. Usual occupation Laborer 1

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. State Prison Hosp. Records

(b) Address Jefferson City, Missouri

17. (a) Remorse (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Kirkwick, Mo.

18. (a) Signature of funeral director Thorpe Gordon Funeral Home

(b) Address Jefferson City, Missouri

19. (a) 12-23-47 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1947 hour 5:20 minute P.M.

21. I hereby certify that I attended the deceased from May 1945, 19, to December 21, 1947; that I last saw him alive on December 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis (Bi-lateral)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature Wm V McKnight (M. D. or other)

Address Jefferson City, Mo. Date signed December 21, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12/31/42

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 Ferd P Deille

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.