

No. 2
-12-45
-17-39
X47070

FILED JAN 12 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 8

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: MERCY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hours
14 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB **32**

(c) City or town SANTA ROSA
(If outside city or town limits, write "RURAL")

(d) Street No. Santa Rosa
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN JACOB ASSEL

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6th
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from JAN. 5th 1948, to JAN. 6th 1948
that I last saw him alive on JAN. 6th 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LYDIA ASSEL

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

7. Birth date of deceased: FEBRUARY 26 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 40 hrs

8. AGE:	Years	Months	Days	If less than one day
<u>1</u>	<u>81</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation FARMER

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

MOTHER FATHER

11. Industry or business _____

12. Name JACOB ASSEL

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

14. Maiden name ANNA ETTINGER
(City, town, or county) (State or foreign country)

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

Major findings: Of operations 43 A

Of autopsy ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant JOHN ASSEL

(b) Address SANTA ROSA MISSOURI

17. (a) Removal (b) Date thereof 1-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director PELCHER FUNERAL HOME

(b) Address MAYSVILLE MISSOURI

19. (a) 1-7-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 3

23. Signature Dr. J. B. Jones (M. D. or other) D.O.
Address 823 Farson Date signed 1-6-48

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

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.....

VERA PILCHER

Registered Apprentice No. **485**

working under my personal supervision.

Signed.....



C. T. Pilcher

Licensed Embalmer No. **3960**

P. O. Address **Maysville 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.