

FILED DEC 20 1948 2

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CULLERS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days (Specify whether)  
In this community 9 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Grundy  
(c) City or town TRENTON  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1948 hour 6:40 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from August 8  
1948 to Nov 21 1948  
that I last saw her alive on Nov 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Disease of the stomach  
with metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Tuberculosis, military,  
chronic  
Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy HOB

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 C. L. Clark, M.D. (M. D. or other)  
Address Trenton, Mo. Date signed Nov 22, 48

3. (a) PRINT FULL NAME REBECCA Tumpie Witten Asher  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. MOVE

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

6. (b) Name of husband or wife Arthur Asher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: April 10, 1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Danvers County MO (City, town, or county) (State or foreign country)

10. Usual occupation Daughters Betty Ford

11. Industry or business ophthalmic

12. Name Henry B. Witten

13. Birthplace Danvers County Virginia (City, town, or county) (State or foreign country)

14. Maiden name County Graham

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

16. (a) Informant Harry Witten

(b) Address TRENTON, MO

17. (a) BURIAL (b) Date thereof Nov. 23, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home, Trenton

18. (a) Signature of funeral director James A. Davis

(b) Address Danvers MO  
19. (a) 11-23-48 (b) James A. Davis (Date received local registrar) (Registrar's signature)

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.....

*Robert J. Richardson*  
....., Registered Apprentice No. 271  
working under my personal supervision.

Signed..... *Raymond A. Davis* .....

Licensed Embalmer No. 3424

P. O. Address..... *Trenton 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.**