

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40004**  
Registrar's No. **5102**

FILED DEC 29 1948/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1602

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

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
818 East 12th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether)  
In this community 35 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 East 12th Street **9**  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Herbert L. ASBURY  
(b) If veteran, name war no (c) Social Security No. 492-14-8357  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month 12 day 15  
year 1948 hour 11 30 minute 9 M.  
21. I hereby certify that I attended the deceased from known, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
known  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
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? \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
23. Signature James C. Walker (Specify type of place) 3  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature James C. Walker (M. Dror other) \_\_\_\_\_  
Address 1226 E. 51st Street, K.C., Mo. Date signed 12-16-48

**8. AGE:** Years Months Days If less than one day  
Approx. 71 hr. \_\_\_\_\_ min.  
9. Birthplace Unknown 6  
(City, town, or county) (State or foreign country)  
10. Usual occupation Employed  
11. Industry or business Missouri Furniture Store  
12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant Robert Kirkpatrick  
(b) Address 1226 E. 51st Street, K.C., Mo.  
17. (a) Burial (b) Date thereof 12-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cemetery  
18. (a) Signature of funeral director Melody McGilley-Eyler  
(b) Address Kansas City, Missouri  
19. (a) 12-16-48 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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.....

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. *2999*  
P. O. Address..... *RC*

**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.**