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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10814

Registration District No. 262
Primary Registration District No. 5364
Registrar's No.

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

1. PLACE OF DEATH:
(a) County DeKalb - Polk Twp
(b) City or town Farm Home (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rufert B. Anser 320
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary J. Anser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 11 1860 (Month) (Day) (Year)
8. AGE: Years 79 Months 9 Days 16 If less than one day hr. min.
9. Birthplace Gentry Co MO (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Maximillian Anser
13. Birthplace (City, town or county) Germany (State or foreign country)
MOTHER 14. Maiden name Barbara P
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Theodore Anser
(b) Address King City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Butler Cem
18. (a) Signature of funeral director A. J. Toggart
(b) Address King City Mo
19. (a) (Date received local registrar) (b) 23 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1940 hour 3 minute 50 P. M.
21. I hereby certify that I attended the deceased from Jan 1940 to Mch 27 1940; that I last saw him alive on Mch 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Cancer Stomach — 6 mths
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy

PHYSICIAN — Underline the cause to 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
23. Signature E M Reynolds (M. D. or other) 1-40
Address Union Star Mo Date signed 3/28

(Licensed Embalmer's Statement on Reverse Side)

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 R. H. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
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STANDARD CERTIFICATE OF DEATH

State File No. 10814

Registration District No. 262 Primary Registration District No. 3364 Registrar's No.

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

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Polk. Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert B. Anisen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-28-40 (Date received local registrar) (b) E M Reynolds (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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

23. Signature E. M. Reynolds (M. D. or other)
Address Union Star Date signed

SUPPLEMENTARY

S-10814

1940