

Registration District No. 604

Primary Registration District No. 4356

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Marston Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Mo. 1 years, months or days

3. (a) PRINT FULL NAME OTTO BENJAMIN ANKESHA

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Cora Ankeshiel 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 12 - 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Rural Male Carrier

11. Industry or business no

12. Name Henry Ankeshiel

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

14. Maiden name Emma Berchak

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

16. (a) Informant Cora Ankeshiel

(b) Address Marston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Burials and Co. New Madrid Mo.

18. (a) Signature of funeral director Edward M. Papp

(b) Address Marston, Mo.

19. (a) 3/3/41 (Date received local registrar) (b) Edward M. Papp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Marston Mo. 92
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 1 year 1941 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb 16 1941, to March 1st 1941;

that I last saw him alive on March 1st 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

533 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edward M. Papp (M. D. or other) D

Address Marston, Mo. Date signed 3-3-41

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

Leo Hidyupath

Licensed Embalmer No.

3803

P. O. Address

San Madrid, 2

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, above space should be left blank.