

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

Registration District No. 7322

Primary Registration District No. 4437

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo.
(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
In this community 58yrs 4mo 18da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Leonard Ansell Ansell

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Ansell Ansell
6. (c) Age of husband or wife if alive I years
7. Birth date of deceased Sept 1 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 18
If less than one day hr. min.

9. Birthplace Howard Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Elisha Ansell Ansell
13. Birthplace Schyler Co. Mo.
14. Maiden name Martina Bailey
15. Birthplace Schyler Co. Mo.

16. (a) Informant Mrs Nancy Ansell Ansell
(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Higbee Mo.

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) 2/1/1942 (b) Mrs. P. V. Dreyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1942 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from none 19... to none 19...
that I last saw h... alive on none 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Natural - Undetermined
Duration

Due to This man fell head in his back yard. Had no medical attention for 10 yrs. Fell head at his home.
Other conditions (include pregnancy within 3 months of death) his home

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?

While at work? (Specify type of place) (c) Means of injury Corona
23. Signature H. C. Griffiths (M. D. or other) Corona
Address Moherly Mo Date signed 1-19-42

MAR 24 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-304

Date Filed FEB 19 1942

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

W. J. Stanfield

Licensed Embalmer No. 2647

P. O. Address Wacon, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3284

Registration District No. 732

Primary Registration District No. 4437

Registrar's No. _____

1. PLACE OF DEATH

(a) County Leonard

(b) City or town Higbee
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Leonard Ansell Ansell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 18 Year 1942 Hour 10 Minute 30 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years 58 Months 4 Days _____ If less than one day _____ min.

Duration _____

Due to Full dead - Natural - Undetermined - Sudden Coronary Thrombosis

Due to Dropped dead at his home

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 940

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no injury or accident

(b) Date of occurrence _____

(c) Where did injury occur? now (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? now

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. C. Guffey (M. D. or other) Coroner
Address Moberly Date signed _____

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

SUPPLEMENT

MOTHER FATHER

