

Registration District No. 744

Primary Registration District No. 5976 B.

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Impo Rural
(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 Missouri (b) County Ray
(c) City or town Richmond Rural
(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 George Edward Anson

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb. 22. 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
----- --- 7 hr. -- min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {

12. Name Glenn Anson
13. Birthplace Onawa Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Alberta Hatfield
15. Birthplace Black Oak Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Anson
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Mar. 5. 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knoxville Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond Mo.

19. (a) 3-5-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour _____ minute A. M.

21. I hereby certify that I attended the deceased from Feb 22
1942 to Mar 4, 1942
that I last saw him alive on March 3, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth
Incomplete Development
Due to 6 1/2 Months.

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

Major findings:

Of operations 1 159

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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Richmond Date signed 3-4-42

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

89
0
0

1144

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-13-42

STATEMENT BY LICENSED EMBALMER

was Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ not embalmed by me or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2073

P. O. Address Richmond 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.