

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26846**
Registrar's No. **247**

Registration District No. **53** Primary Registration District No. **2010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(c) Name of hospital or institution **South East Mo. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **about 12 days**
(Specify whether)
In this community **12 days**
years, months or days

3. (a) PRINT FULL NAME **Leore Elizabeth Ansell**
3. (b) If veteran, name war
3. (c) Social Security No. **married**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **J.P. Ansell** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **June 18, 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **11** If less than one day
hr. min.

9. Birthplace **near Ansell Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **Own home**

12. Name **William Joyce**
13. Birthplace **near J. D. felt Mo. 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Adie Foster**
15. Birthplace **near J. D. felt Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.P. Ansell**
(b) Address **Illmo RFD - 1 Mo.**

17. (a) **Burial** (b) Date thereof **8 20 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Dale cemetery**

18. (a) Signature of funeral director **Displingt & Hubert**

(b) Address **Illmo Mo.**

19. (a) **8-25-42** (b) **F.H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Scott** 100
(c) City or town **Illmo Rural** 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **19**
year **19 42** hour **2** minute **35 a.** M.

21. I hereby certify that I attended the deceased from **Aug 7**
19 **42** to **Aug 19** 19 **42**
that I last saw her alive on **Aug 19** 19 **42**
and that death occurred on the date and hour stated above.
Immediate cause of death **Valvular heart Disease** Duration **1 yr**

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?

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

23. Signature **John W. Berry** (M. D. or other)

Address **Cape Girardeau Mo** Date signed **8-25-42**

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

RECEIVED

OCT 21 1942

District Health Officer No. 4
District File Number 942-1179
Date Filed 8-9-42

DEC 1 1942

AUG 23 1945

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

Glenn Wilson

Licensed Embalmer No.

2828

P. O. Address.

Jackson 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.