

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34109

Do not use this space.

1. PLACE OF DEATH Laclede

(a) County..... Registration District No. 170
(b) Township or City..... Conway..... Primary Registration District No. 4264
(c) City..... (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ely Wilson. Anglin

(a) Residence, No. Conway MO St. ☐
(Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 0 4. COLOR OR RACE White 0 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7.th 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Webster.CO MO (STATE OR COUNTRY)

13. NAME John W. Anglin
Merrion Co. ILL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Lucinde J. Rogers
16. BIRTHPLACE (CITY OR TOWN) Unknown Ark. (STATE OR COUNTRY)

17. INFORMANT Mr Tom. Anglin
(ADDRESS) Conway MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grace Land DATE Oct. 11. 42

19. FUNERAL DIRECTOR (NAME) HaLL. Funeral. Home
(ADDRESS) Conway MO

20. FILED Oct-15-42, 1942 Grace Rogers
Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10.th 1942

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1942 to 10-10, 1942

I last saw him alive on 10-7, 1942 Death is said to have occurred on the date stated above, at 3.30am

The principal cause of death and related causes of importance were as follows:

Sclerocallentis

Date of onset

Other contributory causes of importance: 130a

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) J. W. Anderson, M. D.
(Address) Conway

RECEIVED

Ladelle County Health Dept.
District Health Officer No. _____

District File Number *11-42-158*

Date Filed *11-5-42*

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 *Lawrence L. Hall*

Licensed Embalmer No. *2784*

P. O. Address *Conway, 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, above space should be left blank.