. S. No. 2
0M—5-42
v. 5-17-39
>1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6745

MAR 8 1943

Registration District No. 172 | Primary Registration District No. 5640 | Registrar's No. 16

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Davis twsp. (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) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette

(c) City or town: Rural (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: /

3. (a) PRINT FULL NAME: James Webb Anson

3. (b) If veteran, name war .....

3. (c) Social Security No. 499-14-7841

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Beulah Anson

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

7. Birth date of deceased: Aug (Month) 29th (Day) 1904 (Year)

8. AGE: Years 38 | Months 5 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Lafayette County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

MOTHER FATHER

12. Name: John H. Anson

13. Birthplace: Lafayette Co. (City, town, or county) (State or foreign country)

14. Maiden name: Mary May Neff

15. Birthplace: Lafayette Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Beulah Leutjen Anson

(b) Address: Higginsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville City Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: Higginsville, Mo.

19. (a) 2-20-1943 (Date received local registrar) (b) Dr. W. A. Braeutlein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 – year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from December 14, 1942, to Feb. 14, 1943 that I last saw him alive on Feb. 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia f Convulsions	
Due to: Cerebral Metastasis f	3 Months
Due to: Bronchogenic Carcinoma f left lung	6 Months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: NO	
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? ..... (Specify type of place)

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

23. Signature: O. H. Hamron M.D. (M. D. or other)

Address: Warrensburg Mo. Date signed: 2-20-43

11 8 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 Ronald Rutkoy

Licensed Embalmer No. 4284

P. O. Address Higginsville 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.