S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1944

Registration District No. 1940

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28128

Primary Registration District No. 3033

Registrar's No.

**1. PLACE OF DEATH:**

(a) County LACLEDE

(b) City or town LEBANON
(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

In this community 45 YRS.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County LACLEDE

(c) City or town CONWAY
(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** THOS. B. ANGLEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife NOT KNOWN

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

7. Birth date of deceased JULY (Month) 9 (Day) 1879 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | | 2 | hr. min. |

9. Birthplace Webster Co (City, town, or county) MO (State or foreign country)

10. Usual occupation BROOM MAKER,

11. Industry or business

**MOTHER FATHER**

12. Name JOHN W. ANGLEN

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

14. Maiden name NOT KNOWN

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

16. (a) Informant J E Anglen

(b) Address Lebanon Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation CONWAY MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON

19. (a) Aug 2-44 (Date received by local registrar) (b) Grace Roper (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month JULY day 11
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10, 1944 to July 11, 1944 that I last saw him alive on July 10, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W T Bahnsen (M. D. or other)

Address Lebanon Mo Date signed July 18 44

1040 (Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 7-44-84

Date Filed 8/14/44

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**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 D A Palmer

Licensed Embalmer No. 116

P. O. Address Lebanon 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.**