

Registration District No. **169**

Primary Registration District No. **5621**

Registrar's No. **231**

1. PLACE OF DEATH:

(a) County **Howard** (Rural)
 (b) City or town **Howard**
 (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 **19 yrs**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howard 520**
 (c) City or town **Howard Rural Lyon**
 (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 **WILLIAM J. ANSCOMB.**

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 **WIDOWED**
 6. (b) Name of husband or wife **Minnie Ancomb** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 11 1867**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **20** If less than one day hr. min.

9. Birthplace **Henry Co.** **Ill.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **Wm J. Ancomb**
 13. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Remonding**
 15. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ray Ancomb**
 (b) Address **Howard Mo.**

17. (a) **Burial** (b) Date thereof **Nov 3 44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brusher Cemetery**

18. (a) Signature of funeral director **Foster P. Coakley**
 (b) Address **Brusher Mo.**

19. (a) **Nov 12-44** (b) **Nelle Northcutt**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11**
 year **1944** hour **11** minute **50 p.** M.
 21. I hereby certify that I attended the deceased from **May**
 _____, 1944 to **Nov 1**, 1944
 that I last saw him _____ on **Oct 26**, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Causes of Pericarditis + irregular glandular metastases**
 Due to **metastases**
 Due to _____

Other conditions **51d**
 (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?

(Specify type of place)
 While at work? _____ (e) Means of injury **5**
 Signature **H. M. Humphrey** (M. D. or other **MD.**)
 Address **Brusher** Date signed **11-16-44**

Duration **18 mos.**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

1142

RECEIVED

District Health Officer No. 10

District File Number 12-44-196

Date Filed DEC 13 1944

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 Foster T. Early

Licensed Embalmer No. 1146

P. O. Address Brushy, 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.