

FILED JAN 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1936

State File No.

Registration District No. 59

Primary Registration District No. 5226

Registrar's No. 15

1. PLACE OF DEATH:

(a) County CASS
(b) City or town RURAL MT PLEASANT TWP
(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 64 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME OSCAR HARRY ANES

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-12-2358

4. Sex M.O 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erna Margaret 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 15 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Mattson Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Mo. Dairy

12. Name William Anes

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

14. Maiden name Catherine Sales

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

16. (a) Informant Mrs O. H. Anes

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 1-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (c) Signature of funeral director E. P. Brown & Sons

(b) Address Belton, Mo.

19. (a) Jan. 16, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS 19
(c) City or town RURAL BELTON
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 MI. WEST BELTON
(If rural, give location)
(e) Citizen of foreign country? ✓ / 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12
year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 3
1944 to Jan 12 1945
that I last saw him alive on Nov 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 days
Due to Malignant neoplasm larynx
fall

Other conditions (Include pregnancy within 3 months of death) h3

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 h3

23: Signature R. Mc. Walker (M. D. or other) MD
Address Belton Mo. Date signed 1/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

900

1047

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI

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..... *A. K. George*

Licensed Embalmer No. *3645*

P. O. Address..... *Grandview, 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.