

FILED AUG 13 1945

Registration District No. 23

Primary Registration District No. 3010

Registrar's No.

224

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mo Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT
FULL NAME

James Pasco Ansell

3. (b) If veteran,
name war. ✓

3. (c) Social Security
No. ✓

4. Sex Male C
5. Color or
race white

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

6. (b) Name of husband or wife
Nora Ansell

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

7. Birth date of deceased Sept. 23, 1864
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

80

9

21

hr. _____ min.

9. Birthplace

Illmo

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

Former

11. Industry or business

12. Name

James B. Ansell

13. Birthplace

Illmo

(City, town, or county) (State or foreign country)

14. Maiden name

Francis A. Chory

15. Birthplace

Cape Girardeau

(City, town, or county) (State or foreign country)

16. (a) Informant

B. B. Ramsey

(b) Address

Cape Girardeau, Mo

17. (a)

Burial

(b) Date thereof

7-16-1945

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Oakdale Commerce Mo

18. (a) Signature of funeral director

Bislinghoff Funeral Home

(b) Address

Illmo

19. (a)

7-19-45

(b)

F. H. Phelps

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Commerce Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi South of Leemo, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes for No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 - 45
year 1945 hour 3 PM minute 0 M.
21. I hereby certify that I attended the deceased from 12
July 12 - 1945 to July 14 19 45
that I last saw him alive on July 13 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 4 mm

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) _____ (e) Means of injury 3

23. Signature

J. W. Birge

(M. D. or other)

Address

Commerce, Mo

Date signed 7-18-45

RECEIVED

District Health Officer No. 4
District File Number 845-991
Date Filed 8-10-45

AUG 22 1946

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 Mamie Displinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.