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 JAN 15 1946

Registration District No. 146

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 41391

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 711 W. South Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE E. ANWAY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie Helen Anway
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased October 29 1897 (Month) (Day) (Year)
8. AGE: Years 48 Months 1 Days 13 If less than one day hr. min.
9. Birthplace Sioux Falls, So. Dakota. (City, town, or county) (State or foreign country)
10. Usual occupation Linotype Operator
11. Industry or business Newspaper
FATHER 12. Name Charles H. Anway
13. Birthplace Cambridge, Iowa. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catharine Higgins
15. Birthplace Lake Fife, Wisconsin (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Marjorie E. Anway
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speck
(b) Address Independence, Missouri.
19. (a) 12-14-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~November~~ December day 12 year 1945 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec. 4. 1945 to Dec. 12 1945 that I last saw him alive on Dec 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension
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 Chas E. Nickerson M.D. or other
Address Independence Mo. Date signed 12/14/45

1163

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

MAR 22 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.