

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Leach
15709

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 115

1. PLACE OF DEATH:

(a) County B oone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1607 University Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)
In this community 45 Years

3. (a) PRINT FULL NAME JOHN SITES ANKENEY

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 Lucy Gentry Tindall Ankeney 6. (c) Age of husband or wife if alive 4 - 21 - 1870 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Xenia Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Professor

11. Industry or business _____

12. Name John Sites Ankeney
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Hutchison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John S. Ankeney
(b) Address 1607 University, Columbia, Mo.
17. (a) Burial (b) Date thereof 5-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
(b) Address Columbia, Mo.
19. (a) 5-18-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1607 University Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from _____
the last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Due to arterio-sclerosis

Due to senility

Other conditions chronic bronchial asthma 20 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 430
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? _____

While at work? _____ (Specify type of place) (d) Means of injury _____
23. Signature Charles L. Leach (M. D. or other) MD
Address Columbia, Mo Date signed 17 May 46

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(Licensed Embalmer's Statement on Reverse Side)

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

14601

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-5-46

AUG 1 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

Thas L. Loring

Licensed Embalmer No.

41327

P. O. Address

Columbia, 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.