

S. No. 2
M-5-43
v. 5-17-39
I X38871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16149

State File No.

FILED MAY 18 1948

Registration District No. 146

Primary Registration District No.

5544

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Howard
(b) City or town W.D. Hughes mo
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Thomas Ansell
3. (b) If veteran, name war. No. 2
3. (c) Social Security No. 2
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Jan 10 1959
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 35 hr. min.

9. Birthplace Howard mo mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Edgar Ansell

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Barah Marshall

15. Birthplace Howard mo mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Ansell

(b) Address Hughes mo

17. (a) Burial (b) Date thereof Mar 8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.D. Hughes

18. (a) Signature of funeral director Joe W. Burton

(b) Address Hughes mo

19. (a) 5-15-1948 (b) Edgar Ansell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Randolph Co
(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 5
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from the last 30 years, 19 to about 60 days ago, that I last saw him alive on about 60 days ago, and that death occurred on the date and hour stated above.

Immediate cause of death endocarditis chronic Duration

Due to.

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?

" While at work? (Specify type of place) (e) Means of injury.

23. Signature H. Hughes (M. D. or other)

Address Hughes mo Date signed 5/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-48

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. 3978

P. O. Address Stargow, 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.