

**FILED APR 19 1946**

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 60

**1. PLACE OF DEATH:**

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wetzel Hospital  
(If not a hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community all life years, months or days)

**3. (a) PRINT FULL NAME**

James Elza Ansley  
3. (b) If veteran, name war no 3. (c) Social Security No. 493-14-1715

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Sylvia Ansley 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased Dec 9 1897  
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Hickory Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Ansley  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Lewis  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Ansley

(b) Address Blainston Mo

17. (a) Burial (b) Date thereof: 3-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalust Peak

(b) Address Clinton Mo

19. (a) 3-16-46 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry  
(c) City or town Rural Blainston Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mile south of Harrison  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 15  
year 1946 hour 4 minute 55 P M.

21. I hereby certify that I attended the deceased from 2-20 1946 to 3-16 1946  
that I last saw him alive on 3-16 and that death occurred on the date and hour stated above.

Immediate cause of death multiple abscess of liver

Due to empyema of gall bladder  
Due to ganglioneuroma of appendix 2-20-46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1270  
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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature R. J. Powell (M. D. or D. O.)  
Address Clinton Mo Date signed 3-16-46

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

RECEIVED

District Health Officer No. 71

District No. 3-46-333

Date 4-9-46

**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.....

*J. E. Connelley*

Licensed Embalmer No. 1891

P. O. Address Clinton 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.**