

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Jasper Mo  
 (c) Name of hospital or institution:  
 1036 Main Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri, County Jasper  
 (c) City or town Jasper Mo  
 (d) Street No. 1036 Main St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Wm Andrew Anglen  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

20. DATE OF DEATH: Month 1 day 23  
 year 1941 hour 1 minute 30 A.M.

4. Sex M  
 5. Color or race W  
 6. (a) Single, widowed, married. 2 divorced W  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 7 1966  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-17-41 to 1-22-41  
 that I last saw him alive on 1-22-41 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 1 Days 21 hr. min.

Immediate cause of death Anglen  
 Duration \_\_\_\_\_

9. Birthplace Ill. (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Ill.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

11. Industry or business Farmer

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown Ill. (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Ill. (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Anglen

22. If death was due to external causes, fill in the following:

(b) Address 818 B year Jasper Mo

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof 1 23 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Hillcrest Galena

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

18. (a) Signature of general director Dole Undertaking Co.  
 (b) Address Galena Mo

23. Signature \_\_\_\_\_ (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

19. (a) 1-23-41 (b) Ed Danner  
 (Date received local registrar) (Registrar's signature)

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

49  
25

41-2-152

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**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.**