

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25472

State File No.

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 82

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1102 AUSTIN
(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 521

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 Austin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward Joseph Anthony
3. (b) If veteran, name war. X 3. (c) Social Security No. 500-09-2049
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Anthony 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 23, 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29th year 1940 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from July 29, 1940, to July 29, 1940, that I last saw him alive on JULY 29, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 50 Months 11 Days 6 If less than one day _____ hr. _____ min.

Due to Angina Pectoris
Due to _____
Other conditions 94 W
(Include pregnancy within 3 months of death)

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Concrete Work
11. Industry or business _____
12. Name of father Stephen P Anthony
13. Birthplace Fredricktown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Anna Stone
15. Birthplace Granby Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Edith Anthony
(b) Address Webb City
17. (a) Burial (b) Date thereof AUG 1, 40
(Burial, cremation, or removal) (Month)/(Day) (Year)
(c) Place: burial or cremation CARTERVILLE CEMETARY

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

18. (a) Signature of funeral director Webb City Burial Co
(b) Address Webb City Mo
19. (a) JULY 31, 40 (b) J. L. Pritchard
(Date received local registrar) (Registrar's signature)

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 W. M. Stornom (M. D. or other) _____
Address Webb City Mo Date signed 8/1/40

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

49
11
2

P

40-8-259

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 *myself*,

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, 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.