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13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42591**
Registrar's No. **980-A**

Registration District No. **318**

Primary Registration District No. **5440**

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

1. PLACE OF DEATH **GREENE**

(a) County **Greene**

(b) City or town **Springfield**
Springfield

(c) Name of hospital or institution:
Rural Route 3
Rural Route 3
(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**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 3**
Route 3
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Mary L. Dean Anthony**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **G. W. Anthony**

6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **March 12, 1849**
(Month) (Day) (Year)

8. AGE: Years **91** Months **8** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Adams Mass.**
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business **In Home**

12. Name **Unknown**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dallas D. Anthony**

(b) Address **Route 3, City**

17. (a) **Burial** (b) Date thereof **12 - 6 - 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **12-6-40** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6**
year **1940** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **10-15**, 19**39** to **12-6**, 19**40**.
that I last saw her alive on **11-15**, 19**40**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Right Cerebral Hemorrhage 6 weeks**
Generalized Arteriosclerosis
Senility

Due to **Left Cerebral Hemorrhage 20 years ago**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations **422**

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? **at home**

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

Signature **Edward G. Hall** (M. D. certifier)
Address **500 Halland Bldg.** Date signed **12/6/40**

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

Chayne Hinkle

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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.