

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 85

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
Callaway  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 hours  
 (Specify whether  
 In this community All life  
 years, months or days)

3. (a) PRINT FULL NAME Leonard Price Anthony

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased March 2 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>0</u>	<u>20</u>	hr. _____ min.

9. Birthplace Callaway county Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Thomas Anthony

13. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Spencer Hall

15. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Etzel S. Wefenstette  
(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 3 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millers Creek

18. (a) Signature of funeral director Ray Holt  
(b) Address New Bloomfield, Missouri

19. (a) Mar 23, 1941 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Millersburg, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 22 day \_\_\_\_\_ year 1941 hour 2 minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Mar 21 to Mar 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic meningitis GAW  
Duration \_\_\_\_\_

Due to Rupture of abscess in the ear

Due to Chronic ear affection of many yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Spinal fluid contained streptococci  
Pinnae can  
 Of autopsy \_\_\_\_\_  
 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 R. N. Crews (M. D. or other) \_\_\_\_\_  
 Address Fulton, Mo Date signed 3/23/41

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

4  
1  
2

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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 .....

*Ray A. Holt*

Licensed Embalmer No. ....

*2605*

P. O. Address .....

*Ann Bloomfield (A)*

**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.**