No. 2
13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18370

Registration District No. 638 Primary Registration District No. 3628 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah Sulrina Anthony
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem 1
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife John Anthony
6. (c) Age of husband or wife if alive – years
7. Birth date of deceased Mar (Month) 26 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	1	29	hr. min.

9. Birthplace Near Fredericktown Mad Co (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Joshua White
13. Birthplace O Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary W. Whitworth
15. Birthplace Madison Co O Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Harrison White
(b) Address Fredericktown
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo
18. (a) Signature of funeral director Ed H Webb
(b) Address Fredericktown Mo
19. (a) May 27 1941 (Date received local registrar) (b) S. C. Slaughter By C. D. Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1941 hour 1:00 minute – A M.
21. I hereby certify that I attended the deceased from 5-21, 1941, to 5-25, 1941;
that I last saw her alive on 5-25, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy.	4 days
Due to 83	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 401 (Specify type of place)
While at work? (e) Means of injury
23. Signature W Harry Borron (M. D. ~~or other~~) 1
Address Fredericktown Mo Date signed 5/27/41

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No..... Primary Registration District No..... Registrar's No.....

1. PLACE OF DEATH:

(a) County.....

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....
(If rural, give location)

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

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

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ....hr. ....min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) Burial, cremation, or removal.....

(b) Date.....
(Month) (Day) (Year)

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received by local registrar) (b) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....day.....year.....hour.....minute.....M.

21. I hereby certify that I attended the deceased from.....19.....to.....19....; that I last saw him alive on.....19....; and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to.....

Due to.....

Other conditions.....
(Accuracy within 3 months of death)

Major findings:
Of operations.....

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?.....
(Specify type of place)

(e) Means of injury.....

(f) Injury at work?.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ed H. Webb

Licensed Embalmer No. 731

P.O. Address Fredericktown, 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 stated above.

(Licensed Embalmer's Statement on Reverse Side)

ARTIE BLACK INK—USE PENCIL FOR MULTIPLE RECORD