

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 816

Primary Registration District No. 2001

Registrar's No. 362

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
(Specify whether years, months or days) 3 yrs

3. (a) PRINT FULL NAME John F. Antoni

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

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased May 3 1865  
(Month) (Day) (Year)

8. AGE: Years 1 77 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John Antoni

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Hempel  
15. Birthplace Unknown Germany 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Runge

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof May 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

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

(b) Address Springfield, Mo.

19. (a) 5-8-42 (b) H. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 950 Delaware  
(If rural, give location) 0  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1942 hour 2 minute 30 p. a. M.

21. I hereby certify that I attended the deceased from Apr. 1  
1942 to 5/7 1942  
that I last saw him alive on 5/7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 1 yr. +

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H6

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?

While at work? (Specify type of place) (e) Means of injury 10

23. Signature J. B. Lemmon (M. D. or other) M.D.

Address Springfield, Mo. Date signed 5/8/42

984

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1952

C

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 *Loeblin German*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

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