DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14834

FILED MAY 6 1943

Registration District No. 2107 Primary Registration District No. 3042 Registrar's No.

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

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: 0
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. DeGuire
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel D. Anthony

3. (b) If veteran, name war

3. (c) Social Security No. 498-18-4778

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary Anthony

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 6 (Day) 1881 (Year)

8. AGE: Years 62 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Anthony
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Nancy Green
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Mary Anthony
(b) Address Fredericktown, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley Arion
(b) Address Fredericktown, Mo.

19. (a) April 27-1943 (Date received local registrar) (b) S. E. S. Caughlates (Registrar's signature)
By E. E. Chapman

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 25-1943 8-AM- 1943 to Apr 25- 7:45 PM 1943 that I last saw him alive on Apr 25-a. 8-am 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke (and) Heart failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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) no
(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? none (Specify type of place)
While at work? no (e) Means of injury ✓

23. Signature M. B. Barber (M. D. ~~or other~~)
Address Fredericktown Mo. Date signed 4/27/1943

RECEIVED

District Health Officer No. 4

District File Number 54 3 - 211

Date Filed 5 - 5 - 43

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 Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address Fredericktown

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14834

Registration District No. 206 Primary Registration District No. 3042 Registrar's No.

SUPPLEMENTARY

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:
(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. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. De Guire
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel D. Anthony
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6 (Day) 1880 (Year)

8. AGE: Years 62 Months 9 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
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 thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour [illegible] minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h[illegible] alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Stroke and heart Failed. ✓ Duration
Due to Cerebral Hemorrhage
Due to 83a'
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) no
(b) Date of occurrence no
(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)
While at work? ✓ (e) Means of injury ✓

23. Signature M. B. Barber (M. D. ~~or other~~)
Address Fredericktown Mo Date signed 4/26/43

S-14834