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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43575

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 134

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community All her life
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.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fannie L. Anthony
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Albert Anthony
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 21 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Madison County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
MOTHER FATHER
12. Name Alexander Chenoweth
13. Birthplace Madison Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Barbara Schull
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Petrey (Dau)
(b) Address Farmington, Mo. Rt. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Christian Cemetery
18. (a) Signature of funeral director E. H. Gerber
(b) Address Fredericktown Mo
19. (a) Dec 29-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	4 da.
Due to: Influenza	1 wk.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	8 yrs.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Farmington, Mo. Date signed 12-27-43

1196 (Licensed Embalmer's Statement on Reverse Side)

ED

ct Health Officer No. 4

trict File Number 144-3105

ate Filed 1-5-44

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 John Holt

Licensed Embalmer No. 4264

P. O. Address Fredericton NB

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.