

FILED APR 6 1946

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 401 E. Short
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 401 E. Short 1/10
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EDMOND VINCENT ANTHONY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1946 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from January 15, to Feb 28, 1946.
that I last saw him alive on 2-28-46, 1946; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 23 1862
(Month) (Day) (Year)

Immediate cause of death Natural Causes

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) bronchitis

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Retired Groceryman

11. Industry or business Unknown

12. Name W

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

14. Maiden name W

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

22. If death was due to external cause, 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? _____

16. (a) Informant 401 E. Short

(b) Address Burial

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

(b) Date thereof 3-5-1946
(Month) (Day) (Year)

(c) Place: burial or cremation _____

23. Signature Dred J. Zamm (M. D. or other) 2 00
Address maip no Date signed 3-2-46

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 3/1/46 (b) James H. Craig
(Date received local registrar) (Registrar's signature)

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

8710

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 Dean Owens

Licensed Embalmer No. 11280

P. O. Address Indep, 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.