

FILED DEC 25 1946

Registration District No. **340**

Primary Registration District No. **6152**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Stoddard**

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

(c) Name of hospital or institution: **Home**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**

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

(d) Street No. **4 miles West of Bernie, Missouri**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Harold Gene Anthony**

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

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **October 24 1946**
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name **Rex Anthony**

13. Birthplace **Stoddard County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Byrnes Grain**

15. Birthplace **Stoddard County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rex Anthony**

(b) Address **R.F.D. 4 Dexter, Missouri**

17. (a) **Burial** (b) Date thereof **11/4/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie Cemetery**

18. (a) Signature of funeral director **Robert E. Fox**

(b) Address **Bernie, Missouri**

19. (a) **11/27-1946** (b) **Lottie Jefferson**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **November**
year **1946** hour **12:00** minute **None** M.

21. I hereby certify that I attended the deceased from **Oct. 24, 1946** to **Nov. 3, 1946**
that I last saw him alive on **Oct. 31, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**

Due to.....

Due to.....

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

Major findings:
Of operations..... **157**

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)

While at work?.....
(Specify type of place)

23. Signature **F.O. Kelley** (M.D. or other) **2**
Address **Bernie, Mo** Date signed **11/20/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 1246-1392

Date Filed 12-2-46

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.....

Body not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Robert E. Brown

.....
Licensed Embalmer No. *General Director*

P. O. Address.....

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.