

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20806

State File No. _____

FILED JUL 3 1947

Registration District No. 149

Primary Registration District No. 1202

Registrar's No. 2743

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3834 Anderson
(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)

In this community 68 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3834 Anderson 8
(If rural, give location)

(e) Citizen of foreign country? no 1
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES OLIVER ANTHONY

3. (b) If veteran, name war no

3. (c) Social Security No. 495-09-9820

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

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 Div. 3

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased December 10 1878
(Month) (Day) (Year)

Immediate cause of death _____

Coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

Due to arteriosclerosis

Due to _____

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

Other conditions 940
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

11. Industry or business R.P. Rice Co.

Major findings: _____

Of operations _____

Of autopsy yes as above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name George Wallace Anthony

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

14. Maiden name Ann Hume

15. Birthplace Boone County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Richard Keel

(b) Address 3412 Central

17. (a) Burial (b) Date thereof June-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 6-27-47 (b) Theraldine Holmes
(Date received local report) (Registrar's signature)

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) _____

(c) Means of injury _____ 3

23. Signature James H. ... (M. D. or other) Cam

Address 1414 24th St Date signed 6-25-47

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

MOTHER FATHER

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 *O. K. McFarland*

Licensed Embalmer No: *4399*

P. O. Address *Kansas City 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.