. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31581

Registration District No. 1316 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 Days (Specify whether years, months or days)
In this community: 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Cherokee
(c) City or town: Galena
(If outside city or town limits, write "RURAL")
(d) Street No.: 603½ Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Asid Anthony
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: Syrian
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hazel
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: March (Month) 4 (Day) 1909 (Year)
8. AGE: Years 38 Months 5 Days 20 If less than one day hr. min.
9. Birthplace: Wilks-Barre (City, town, or county) Penn. (State or foreign country)
10. Usual occupation: Candy Maker
11. Industry or business: Sweet Shop
FATHER
12. Name: Joe Anthony
13. Birthplace: Syria (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hannah Cory
15. Birthplace: Syria (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Hazel Anthony
(b) Address: Galena Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Galena Kansas
18. (a) Signature of funeral director: Hamlin Funeral Home
(b) Address: Galena Kansas
19. (a) 8-26-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1947 hour 7 minute 13 M.
21. I hereby certify that I attended the deceased from 8-12-47, 19..., to 8-24, 1947; that I last saw h. alive on 8-24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Acute Glomerular Nephritis	6 Days
Due to: Hypostatic Pneumonia	3 days
Pulmonary Edema	3 days
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 3D	
Of autopsy: Chronic Parenchymatous Nephritis, Lungs — Bilat. Hypostatic Pneumonia	

PHYSICIAN
Underline the cause of 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: Joplin Mo. Date signed 8-24-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

41-8-739

SEP 23 1947

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 Cecil A. Hornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.