No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947 28

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2 000

Dr. J. Williams

State File No. 37679

Registrar's No. 1021

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 846 Roanoke
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 846 Roanoke
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME James B. Anthony
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White 2
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1896 (Year)

8. AGE: Years 51 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Ravenna (City, town, or county) Texas (State or foreign country)
10. Usual occupation Retired
11. Industry or business Banker
FATHER
12. Name George B. Anthony
13. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)
MOTHER
14. Maiden name Delia Yerion
15. Birthplace Unknown (City, town, or county) Texas (State or foreign country)
16. (a) Informant Mrs. Allene Robberson
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12-4-47 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 10 minute 15 p. M.
21. I hereby certify that I attended the deceased from Sept 12 1947 to Nov 26 1947
that I last saw him alive on Nov 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the tongue — Duration 2 yrs
Due to
Due to
Other conditions Metastasis to Lungs
(Include pregnancy within 3 months of death)
Major findings:
Of operations 45 D
Of autopsy

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 John H. Williams (M. D. ~~or other~~) 10
Address Mest Arts Bldg Springfield Mo. Date signed 11-28-47

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

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

APR 12 1948

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 Roy H. Meuer, Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.