

FILED DEC 30 1947 7

State File No. _____

Registration District No. _____

Primary Registration District No. 5-5-8-7

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution:
South First Street
(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) 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. South First Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ida Etta Anthony

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd.
year 1947 hour 7 minute 35 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas A. Anthony

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

7. Birth date of deceased Jan. 11 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-44 to 12-2-47 19____; that I last saw her alive on 11-30-47 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease Duration _____

8. AGE: Years Months Days If less than one day
82 10 21 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Housekeeping

11. Industry or business Same

MOTHER FATHER

12. Name Justice Miller

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

14. Maiden name Nancy Stephens

15. Birthplace Napoleon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Greenlee

(b) Address Jasper Missouri

17. (a) Burial (b) Date thereof 12-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper Missouri.

19. (a) 12-5-1947 (b) L. B. Carter
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 92 B

PHYSICIAN _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place.)
(e) Means of injury _____

23. Signature W. H. Knott M.D. (M. D. or other)

Address Jasper, Mo. Date signed 12-5-47

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

DEC 31 1944

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. 4288

working under my personal supervision.

Signed *Howard C Simpson*

- - Licensed Embalmer No. 4288

P. O. Address *Jasper 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.