No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34852

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1118

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: 2120 SOUTH-9th ST. (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 18 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN

(c) City or town ST-JOSEPH (If outside city or town limits write "RURAL")

(d) Street No. 2120 SO-9TH. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME RASHA-C-ANTHONY

8. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Mannie A

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug (Month) 15 (Day) 1874 (Year)

8. AGE: Years 66 Months 2 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Wadsworth MO (City, town, or county) (State or foreign country)

10. Usual occupation Retired Groceryman

11. Industry or business

FATHER 12. Name Alexandria Anthony

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Frances Wooten

15. Birthplace Unk Ky. (City, town, or county) (State or foreign country)

16. (a) Informant H. E. Anthony

(b) Address 3402 Locust St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mosquida MO

18. (a) Signature of funeral director Roy Clancy

(b) Address St Joseph MO

19. (a) Oct 22 1940 (Date received local registrar) A. J. Buckbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20th year 1940 hour 7 PM minute ____ M.

21. I hereby certify that I attended the deceased from Oct 20th, 1940, to Oct 20th, 1940, that I last saw him alive on Oct. 20th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 yr
Chr Valvular Heart Dis	4 yr
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. R. Jameson (M. D. or other)

Address 5004 Frederick Ave St. Joseph Mo Date signed 10/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Oct 20 1940 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.