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K231

APR 28 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 519 South Fourth Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43-0-18 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 519 South Fourth Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Susan Elizabeth Anthony

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased 3 25 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Int. Nat. Shoe Factory

11. Industry or business Int. Nat. Shoe Factory

12. Name Jacob Anthony

13. Birthplace Adair Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marthaoline

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

16. (a) Informant Frank Anthony

(b) Address 519 South 4th St. Kirksville

17. (a) Burial (b) Date thereof Mar 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bewell's amt

18. (a) Signature of funeral director Laura Riley

(b) Address Kirksville Mo.

19. (a) Mar 29/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from Mar 2, 1941, to Mar 25, 1941;
that I last saw her alive on Mar 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Botulic infection
Due to Meat source

Due to.....

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

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Mar 27 1941

(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?

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

23. Signature L. J. Garner (M. D. or other) 2

Address Kirksville Date signed 4/16/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1530

RECEIVED

District Health Officer No. 10

District File Number 4-41-812

Date Filed APR 14 1941

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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Knicksville 7

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

If this body is not embalmed, fact should be so stated above.