

FILED FEB 16 1942

Registration District No. 447

Primary Registration District No. 6243

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 yrs
years, months or days)

3. (a) PRINT FULL NAME Loran B. Anthony

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489269037

4. Sex M. race W. 5. Color or 0 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 1-22-1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 3 Days _____ If less than one day
hr. _____ min.

9. Birthplace Gibbs Mo. Rural
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Anthony
13. Birthplace Gibbs Mo.
(City, town or county) (State or foreign country)
14. Maiden name Ethel Davis
15. Birthplace Stahl Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Ethel Anthony
(b) Address Knox City Mo.

17. (a) Rock Creek (b) Date thereof 1-29-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Creek Cemetery

18. (a) Signature of funeral director North Hudson

(b) Address Edina, Missouri

19. (a) 1-30-1942 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Knox City "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death From accidental discharge of shot gun

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 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) Accident

(b) Date of occurrence 1-27-1942 052

(c) Where did injury occur? Knox Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Mrs. J. W. Hudson Coroner

Address Edina Mo. Date signed 1-27-42

RECEIVED

District Health Officer No. 10

District File Number 2-42-204

Date Filed FEB - 7 1942

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.....

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.