

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6148**

FILED MAR 5 1942
Registration District No. **117**

Primary Registration District No. **5167**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **CAMDEN**
(b) City or town **RURAL OSAGE MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CAMDENTON MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **ALWAYS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

JOHN MACK ANTHONY

3. (b) If veteran

name war

3. (c) Social Security

No.

4. Sex

M

5. Color or race

W

6. (a) Single, widowed, married,

divorced **MARRIED**

6. (b) Name of husband or wife

ELNICE BUNCH

6. (c) Age of husband or wife if

alive **44** years

7. Birth date of deceased

JULY
(Month)

11
(Day)

1898
(Year)

8. AGE:

Years

44

Months

6

Days

28

If less than one day

hr. min.

9. Birthplace

LINNCREEK
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

CARL ANTHONY

13. Birthplace

GERMANY
(City, town, or county)

GERMANY
(State or foreign country)

14. Maiden name

ELIZABETH WEISBERG
(City, town, or county)

15. Birthplace

GERMANY
(City, town, or county)

GERMANY
(State or foreign country)

16. (a) Informant

Mrs J M Anthony

(b) Address

CAMDENTON MO

17. (a)

BURIAL
(Burial, cremation, or removal)

(b) Date thereof

2-11-42
(Month) (Day) (Year)

(c) Place: burial or cremation

NEW HOME CEM.

18. (a) Signature of funeral director

PALMER'S

(b) Address

LEBANON MO

19. (a)

FEB 10 1942
(Date received local registrar)

La Vania Hopkin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CAMDEN**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **CAMDEN MO**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB** day **9**
year **1942** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **SA**
FEB 9 19**42** to **1942**

that I last saw him alive on **FEB 7** 19**42**

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism**

Duration

immediate

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature **A D Oberberg** (M. D. or other)

Address **CAMDENTON MO** Date signed **2-10-42**

(Licensed Embalmer's Statement on Reverse Side)

1153

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

MAR 18 1942

MAR 3 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

Allyn DeLuca, Registered Apprentice No. 294
working under my personal supervision.

Signed W. B. Baker

Licensed Embalmer No. 1161

P. O. Address London 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.