

26610

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 9 1942

Registration District No. 17

Primary Registration District No. 4029

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Mindenmines Mo.

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wesley Antill

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife May Ella 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 14 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 1 8 hr. min.

9. Birthplace Collins County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Retd.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Not Obtainable

13. Birthplace Not Obtainable 9  
(City, town, or county) (State or foreign country)

14. Maiden name Not obtainable

15. Birthplace Not obtainable 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature May Ella Antill

(b) Address Mindenmines, Mo.

17. (a) Burial (b) Date thereof 8/25/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem. Pittsburg Mo.

18. (a) Signature of funeral director William [Signature]

(b) Address Pittsburg, Kansas

19. (a) Aug 27/42 (b) Blanche Sackett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 4 1940 to Aug 22 1942  
that I last saw him alive on Aug 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocarditis - 12mo  
Generalized edema 3wks.  
old age and cachexia - 1

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none 932

Of operations \_\_\_\_\_

Of autopsy none

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 none

(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 Robert [Signature] M.D. (M. D. or other)

Address Pittsburg, Kansas Date signed 8-23-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 942-1287

Date Filed SEP 2 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.....

W. Ellsworth  
working under my personal supervision.

....., Registered Apprentice No.....

Signed W. Ellsworth

Licensed Embalmer No. 1272

P. O. Address Pittsburg, Kansas

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, above space should be left blank.