

FILED SEP 14 1943

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Dexter, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Anthony

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year)

7. Birth date of deceased: Jan. 18 1859
(Month) (Day) (Year)

Immediate cause of death Old age

8. AGE: Years 84 Months 6 Days 4 If less than one day _____ hr. _____ min.

Due to Old age Senility

9. Birthplace Rock Island Co. Ill.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Watch maker

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

11. Industry or business _____

MOTHER FATHER { 12. Name No Record

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

14. Maiden name No Record

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Bailey

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo. Cem.

18. (a) Signature of funeral director Shickland

(b) Address Dexter, Mo.

19. (a) 8-10-43 (Date received local registrar)

(b) Wora Smith (Registrar's signature)

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) _____

(e) Means of injury _____

23. Signature Leteyant, act (M.D. or other)

Address Dexter, Mo. Date signed 7-22

134

43

RECEIVED
District Health Office No. 2,
District File Number 943-1197
Date Filed 9-13-43

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 _____

Licensed Embalmer No. 3479

P. O. Address Dept. 1110

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.