

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 16 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31089

State File No.

Registration District No. 11Primary Registration District No. 5045Registrar's No. 40

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wheaton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. East of Wheaton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community sixty years
years, months or days)

3. (a) PRINT
FULL NAMEDallas Antle

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 Snare Elizabeth Antle 6. (c) Age of husband or wife if
alive 87 years
7. Birth date of deceased April 30 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 26 hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Antle
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Stark
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Snare Elizabeth Antle
(b) Address Pyndy, Mo.: R. F. D.
17. (a) Maplewood (b) Date thereof 6-30-1943
(Burial, exhumation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation maplewood

18. (a) Signature of funeral director W. D. Joon
(b) Address Cassville, Mo.
19. (a) July 1-1943 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Wheaton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. East of Wheaton, 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 26 day June
year 1943 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from
June 7, 1943, to June 26, 1943
that I last saw him alive on June 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

Due to Arterio Sclerosis

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 sta-
tistically.

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)
(c) Means of injury

23. Signature O. S. McCall (M. D. or other)
Address Wheaton, Mo. Date signed 6-30-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 943-1868
Date Filed 2-14-43

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.....

Wm. C. Koon....., Registered Apprentice No. 338
working under my personal supervision.

Signed W. C. Koon.....

Licensed Embalmer No. 2456.....

P. O. Address.....

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.