

FILED DEC 3 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **JACKSON**
 (b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
623 EUCLID AVENUE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 1/2 years**
(Specify whether years, months or days)
 In this community **26 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **623 Euclid**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MR PARKER N ANTHONY**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **16TH**
 year **1943** hour **7** minute **10 A.M.**
21. I hereby certify that I attended the deceased from **Sept**
1943 to **Nov 16** 19**43**
 that I last saw **him** alive on **Oct 14** 19**43**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **single**
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Aug. 10 1887**
(Month) (Day) (Year)

Immediate cause of death **Septicemia** Duration **1 wk**
 Due to **Cystitis** **5 yrs**
 Due to **1350**

8. AGE: Years **56** Months **3** Days **6**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Journalist**
 11. Industry or business **Life time**

MOTHER FATHER
 12. Name **John N ANTHONY**
 13. Birthplace **Zanesville Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ludath**
 15. Birthplace **Bonewick Missouri**
(City, town or county) (State or foreign country)

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.

16. (a) Informant **Mr. Clay E Anthony**
 (b) Address **2238 Tompkins**
 17. (a) **Burial** (b) Date thereof **Nov 17 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mr. Washington**
 18. (a) Signature of funeral director **O. H. Newcomb, Sons**
 (b) Address **1401 BRUSH CAREN BLVD**
 19. (a) **11-17-43** (b) **D. E. Brown**
(Date received local registrar) (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? _____
 While at work? _____ (Specify type of place) Means of injury _____
 23. Signature **Frank Anthony** (M. D. or other) _____
 Address **814 Professional Bldg** signed **11/16/43**

814 Professional Body
2-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.