

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Stoddard
(b) City or town: Rural Pikeburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard
(c) City or town: Rural 103
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Harrison, 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 Nov day 14
year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 1941, to Nov. 14, 1943
that I last saw her alive on Nov. 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus
+ pelvic organs.
Due to _____
Due to _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) H&P
Major findings:
Of operations _____
Of autopsy _____

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: E.C. Mathis (M. D. or other) J.P.
Address: Advance, Mo. Date signed 11/23/43

3. (a) PRINT FULL NAME: MAMIE ANTHONY

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harvey Anthony 6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Feb. 20, 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace: Randles, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

MOTHER FATHER { 11. Industry or business _____
12. Name: E. A. McBride
13. Birthplace: _____ (City, town, or county) (State or foreign country) Illinois
14. Maiden name: Edna Lacey
15. Birthplace: not known (City, town, or county) (State or foreign country)

16. (a) Informant: Harvey Anthony
(b) Address: Harrison, Mo.

17. (a) Burial (b) Date thereof: Nov 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Berkins Cem. Mo.

18. (a) Signature of funeral director: Clayton S. Morgan

(b) Address: Advance, Mo.

19. (a) 12-1-43 (b) M.R. Thomas
(Date received local registrar) (Registrar's signature)

1131

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

RECEIVED

District Office No. 2,

District File Number 144-133

Date Filed 1-13-44

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.....

Lloyd Morgan
working under my personal supervision.

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

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance m

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.