

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Rural Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lafayette County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 years
(Specify whether
In this community do not know
years, months or days)

3. (a) PRINT FULL NAME

Edward Anthony

3. (b) If veteran,

name war Unknown

3. (c) Social Security

No. No

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

9. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

10. Usual occupation Lived at county home

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Records Lafayette County Home

(b) Address Lexington, Missouri R.F.D.

17. (a) Burial (b) Date thereof Oct. 15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette County Home

18. (a) Signature of funeral director Wellington, Missouri

(b) Address Wellington, Missouri

19. (a) Oct. 31, 45 (b) Lester H. Himmelman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? African (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Aug 1 - 1945 to Oct 13, 19 45
that I last saw him alive on Oct 7, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis many years

Due to

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 statistically.

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 L. H. Himmelman (M. D. or D.O.) MD
Address Higginsville, Missouri Date signed 10/13

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-6-45

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

W. Roy Ewen

W. Roy Ewen
Licensed Embalmer No.

4305

P. O. Address Wellington, Missouri

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.