

FILED JUL 11 1946

Registration District No. 59

Primary Registration District No. 5218

1. PLACE OF DEATH

(a) County Cass
(b) City or town Rural (Big Creek Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) traveling through

3. (a) PRINT FULL NAME

Ira Nicholas Anthony

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-9059

4. Sex male () race white
5. Color or white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Helen Anthony
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Feb 16 1906
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 6
If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business hatchery

12. Name Albert Anthony

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

14. Maiden name Carah Allison

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

16. (a) Informant Marion Anthony

(b) Address Indep Mo.

17. (a) Rural (b) Date thereof Feb 22
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruckman Mo.

18. (a) Signature of funeral director HUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

Date received local registrar June 22, 1946 (b) Raula Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 7 minute 15 M.
21. I hereby certify that I attended the deceased from 1 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Motor vehicle (max) accident
Duration

Due to Motor vehicle (max) accident

Due to Motor vehicle (max) accident

Due to Motor vehicle (max) accident

Other conditions (Include pregnancy within 3 months of death) ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations PHYSICIAN

Of autopsy 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) accident

(b) Date of occurrence June 22, 1946

(c) Where did injury occur Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on #71 Bypass

While at work? (Specify type of place) Wreck

23. Signature W.F. Wolfe (a) Means of injury Wreck

Address Harrisonville - Mo (M. D. or other) Case
Date signed 6/22/46

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

JUL 24 1966

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 Frank E. Rammberg
Licensed Embalmer No. 2681
P. O. Address Harrisonville Mo

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

July
908

Registration District No. 59

Primary Registration District No. 5218

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME

Ira N. Anthony
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Feb 16 (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

(a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1946 hour 11 minute 22 M.

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

Immediate cause of death Accident while
operator of truck, controls lost
on ramp of highway #71 - Poplar
Due to in care of Co. Mo.

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) Accident

(b) Date of occurrence June 22, 1946

(c) Where did injury occur Cass Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

on Public Highway - 9th St. Harrisonville

While at work? No (Specify type of place)

Means of injury Accident

Causes lost control - truck crushed

23. Signature J. F. Spiller, Act. Comm. (M. D. or other)

Address Harrisonville - Mo. Date signed 7/15/46

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

SUPPLEMENTARY

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

JUL 24 1973

19743