

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **256**

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
James Apartments
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43 Years** (Specify whether years, months or days)
In this community **43 Years**

3. (a) PRINT FULL NAME **EUELL HUGH ANTHONY**

3. (b) If veteran, **None** name war. 3. (c) Social Security No. **190-07-0089**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Patta Clapp Anthony**
6. (c) Age of husband or wife if alive **10 - 16 - 1903** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **43** Months **0** Days **6** If less than one day hr. min.

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

10. Usual occupation **Mgr. of Soda Fountain**

11. Industry or business

MOTHER { 12. Name **J.P. Anthony**
FATHER { 13. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lillie Ballenger**
15. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Euell H. Anthony**
(b) Address **James Apts., Columbia, Mo.**
17. (a) **Burial** (b) Date thereof **10-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Palmer Funeral Service**
(b) Address **Columbia, Mo.**

19. (a) **10-26-46** (b) **Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **James Apts.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22**
year **1946** hour **6** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 1946**
5 - 1946 to **Oct 22 - 1946**
that I last saw him alive on **Oct 22 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Infarction**
of Left Ventricle
Due to **Thrombotic Plugging**
with effusion L.V. 2 Mo.
Due to

Other conditions **Cirrhosis of Liver**
(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) (b) Means of injury
23. Signature **Paul H. Steetrich** (M.D. or other)
Address **217 E. 4th** Date signed **Oct 26 1946**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10/29/46

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.....

Tom McHarg

Licensed Embalmer No.....

4067

P. O. Address.....

Columbia, 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.