

Registration District No. 333

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) Few yrs.

3. (a) PRINT FULL NAME RUBY BYRD ANTHONY

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dr. C. A. Anthony Sr. 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Aug 4 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name David Todd Byrd

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

14. Maiden name Brunetta Wyatt

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

16. (a) Informant Dr. W. A. Anthony

(b) Address Sikeston Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Fredricktown Mo

18. (a) Signature of funeral director Weld Funeral Home

(b) Address Sikeston Mo

19. (a) 11-6-46 (Date received local registrar) (b) Mrs. T. F. Perry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston Mo (If outside city or town limits, write "RURAL")
(d) Street No. McMullin Apts. No. 1014 Highway (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 1946 to Aug 15, 1946
that I last saw her alive on 8-15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular
renal disease

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 18

23. Signature Thomas C. W. Perry M. D. or other

Address Sikeston Mo Date signed 8-16-46

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

RECEIVED
District Health Office No. 2,
District File Number 1146-1231
Date Filed 11-15-46

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

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.