

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43686

State File No.

FILED JAN 27 1947

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Shannon
(b) City or town Winona
(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 25 yrs (Specify whether years, months or days)
In this community 25 yrs

3. (a) PRINT FULL NAME

Andrew J. Anthony

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M Color or race W

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

6. (b) Name of husband or wife Beatrice Ann

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 16 1870

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

0

11

hr.

min

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

retired

11. Industry or business

12. Name

Anthony

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Anthony

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Miss Gertrude Leslie

(b) Address

Winona Mo

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

Dec 24 1946

(c) Place: burial or cremation

Philat

18. (a) Signature of funeral director

Phil A. Leuchel

(b) Address

204 Broadway Mo

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

W. H. Brown

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Shannon

- (c) City or town Winona (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 19 1946 to Dec 27 1946
that I last saw him alive on Dec 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

acute circulatory failure

Due to

chronic glomerulonephritis

Due to

chronic glomerulonephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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 W. H. Brown (M.D. or other)

Address Winona Mo Date signed 12-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

42493

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 12-28-46

....., Registered Apprentice No.
working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address

Van Buren 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.