S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 43

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5143

4133

State File No.

Registrar's No. 72

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL - POPLAR BLUFF TWP
(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 years, months or days)
In this community 12 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MI W. OF POPLAR BLUFF
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERNEST ANTHONY JR.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 9 (Day) 1934 (Year)
8. AGE: Years 12 Months 8 Days 1 If less than one day hr. min.
9. Birthplace BUTLER CO (City, town, or county) MO (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
FATHER 12. Name FRANK C. ANTHONY
FATHER 13. Birthplace BUTLER CO (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name STELLA FEARS
MOTHER 15. Birthplace REYNOLDS CO (City, town, or county) MO (State or foreign country)
16. (a) Informant Frank C Anthony
(b) Address RFD #6, Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 10-1947 (Month) (Day) (Year)
(c) Place: burial or cremation SPARKMAN CEM.
18. (a) Signature of funeral director W.T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 2-18-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 8 year 1947 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from FEBRUARY 7, 1947, to FEBRUARY 8, 1947, that I last saw him alive on FEBRUARY 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: ACUTE HEART FAILURE — Duration
Due to SHOCK
Due to 2nd & 3rd DEGREE BURNS COVERING APPROXIMATELY 80% OF BODY SURFACE
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 12
(b) Date of occurrence 7 FEBR. 1947
(c) Where did injury occur? — (City or town) BUTLER (County) MISSOURI (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON FARM
While at work? YES (Specify type of place) (e) Means of injury GASOLINE BURNS
23. Signature James W. McPherson Jr (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 2-14-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File No. 242-280
Date Filed 3-27-42

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: [illegible]

Licensed Embalmer No. 3231

P. O. Address: Poplar Bluff 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.