

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 2 11 1947
Registration District No. 111947

Primary Registration District No. 4023

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Exeter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Exeter, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Exeter 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 block S. of highway 440
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Braxton Antle

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 7 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 27 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Implements

MOTHER FATHER { 12. Name William B. Antle
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Bayless

(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof May 6, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

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

(b) Address Cassville, Mo.

19. (a) May 14 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 9:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from 9:50
P.M. May 4, 1947, 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 _____ Duration _____
Coronary thrombosis
Due to Coronary heart disease
Due to arteriosclerosis

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 _____
23. Signature Dr. J. L. Williams (M. D. or other) M.D.
Address Cassville Date May 27 47

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

RECEIVED
District Health Officer No. 6,
District File Number 547-554
Date Filed MAY 22 1947

JUN 10 1947

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.