S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5709

Primary Registration District No. 3052

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital O (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) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 709 E 10th (If rural, give location) 4

(e) Citizen of foreign country? — (Yes or No) O

If yes, name country —

3. (a) PRINT FULL NAME Fred L. Anton

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Minnie Estella

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Oct. (Month) 31 (Day) 1876 (Year)

8. AGE: Years 71 | Months 2 | Days 30 | If less than one day hr. min.

9. Birthplace Modale (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired R.R. machinist

11. Industry or business

MOTHER FATHER

12. Name Otto Henry Anton

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

MOTHER

14. Maiden name Laura Johnston

15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Fred L. Anton Jr.

(b) Address 1703 W. 16th Sedalia

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Perry Iowa

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Mo.

19. (a) 1-31-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 30, year 1948, hour 8.45, minute P/M/ M.

21. I hereby certify that I attended the deceased from December, 30-1947, 19 January, 30, 1948, P/M/ 19 ; that I last saw him alive on January, 30, 1948 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemmorrhage, nasal, severe and recurring. — Duration

Due to Carcinoma, nasal cavities.

Due to Malignancy.

Other conditions XXX (Include pregnancy within 3 months of death)

XXX

Major findings: Of operations No operation. XXX

Of autopsy None. XXX

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) Natural causes.

(b) Date of occurrence XXX

(c) Where did injury occur? XXX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury.

While at work? XXX (Specify type of place) Means of injury XXX

23. Signature C. P. Bradley M.D. (M. D.)

Address Sedalia, Missouri. Date signed 2-1-48

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 1-27-48

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 K P McCrary

Licensed Embalmer No. 3157

P. O. Address Adalea 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.