

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

35258

State File No. ....

Registration District No. ....

Primary Registration District No. 3072

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
752 So. Salt Pond /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community All His Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sherman T. Anthony

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 Married  
6. (b) Name of husband or wife Nancy F. Anthony 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased February 25 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Lee Co. Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Brick Mason

11. Industry or business

12. Name Robert Anthony  
13. Birthplace Clark Co. Unknown /  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Coon  
15. Birthplace Green Co. Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sherman T. Anthony  
(b) Address Marshall, Mo

17. (a) Burial (b) Date thereof 10/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Surrage  
(b) Address Marshall, Mo  
19. (a) Oct. 9-1948 (b) William T. Gray  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 77  
(c) City or town Marshall /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 752 So. Salt Pond 2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 8 day 8 year 1948 hour 2:35 minute 2 M.  
21. I hereby certify that I attended the deceased from 9-14 to 10-8, 1948  
that I last saw him alive on 10-8, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate 1 yr  
Due to

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 5/18  
Of autopsy  
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) (c) Means of injury 0  
23. Signature Al Putnam (M. Death certificate)  
Address Marshall Mo Date signed 10-8-48

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-5-48

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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 \_\_\_\_\_

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.