

No. 2
-5-43
5-17-39
I X36871

FILED DEC 6 1948

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **1277**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
305 Ozark, Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Elvira Anthony
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rasha C. 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased December 9 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 17
 If less than one day --- hr. --- min.

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

10. Usual occupation At home

11. Industry or business ---

MOTHER FATHER

12. Name Benjamin Franklin Mooman
13. Birthplace unk unk
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Anthony
 (b) Address 305 Ozark-St. Joseph, Mo.

17. (a) removal (b) Date thereof 11-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Missouri

18. (a) Signature of funeral director Stancys Funeral Home
 (b) Address St. Joseph, Mo.

19. (a) 12-1-48 (b) L. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
St. Joseph
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 305 Ozark, Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
 year 1948 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 11-20
1948 to 11-26 1948
 that I last saw her alive on 11-26- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Chs. Dads Heart Dis
Carcinoma sigmoid?
 Duration 3yr

Due to _____
 Due to _____

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

Major findings:
 Of operations 4/10 E
 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 L. B. Jenkins (M. D. or other) _____
 Address 734 Delaney Date signed 11/27/48

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.....

Charles E. Bennett

....., Registered Apprentice No. 284

working under my personal supervision.

Signed.....

Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.