

FILED JAN 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. 863

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 78

3926

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 20yrs.		d. STREET ADDRESS (If rural, give location) 520 1/2 E. Commercial	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) I c. (Last) Anthis			4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 6, 1864	9. AGE (to years last birthday) 85	IF UNDER 1 YEAR Months #	IF UNDER 1 YEAR Days #	IF UNDER 1 YEAR Hours #	IF UNDER 1 YEAR Minutes #
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Groceryman		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (State or foreign country) Alton Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME George Anthis		13b. MOTHER'S MAIDEN NAME Maria Ellis		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ida Rud Springfield Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease				15 years	
		DUE TO (b) Acute Upper Respiratory Infection				2 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. M.I.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan. 24, 1949**, to **Jan 26, 1949**, that I last saw the deceased alive on **Jan 26, 1949**, and that death occurred at **2:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas H. Harris M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 1-28-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-1949		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Dallas Co. Mo.	
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DATE REC'D BY LOCAL REG. 1-28-49		REGISTRAR'S SIGNATURE W. E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co Springfield, Mo.			
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.