

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42314
Do not use this space.

1. PLACE OF DEATH

(a) County Boone, Registration District No. 78
 (b) Township _____ Primary Registration District No. 4046 Registered No. 1
 (c) City Rocheport, (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Jordan Canole
 (a) Residence, No. Rocheport Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ophelia Canole (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11th 1876
 7. AGE YEARS 62 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miller
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY) _____

13. NAME Charles Canole

14. BIRTHPLACE (CITY OR TOWN) Kentucky, (STATE OR COUNTRY) _____

15. MAIDEN NAME Fanny Stapleton

16. BIRTHPLACE (CITY OR TOWN) Tenn., (STATE OR COUNTRY) _____

17. INFORMANT Mrs Ophelia Canole, (ADDRESS) Rocheport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocheport, DATE 1/3rd 1939

19. FUNERAL DIRECTOR (NAME) Guy T Halley, (ADDRESS) Fayette Mo

20. FILED 1-5-39 Manly W. Russell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31th 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 - 1938 to Dec 31 - 1938
 I last saw him alive on Dec 31 - 1938. Death is said to have occurred on the date stated above, at 1231st Jan - 1939
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Arteriosclerosis
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) W. E. Russell, M. D.
 (Address) Rocheport Mo

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. _____

P. O. Address _____

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, above space should be left blank.