

REC'D FEB 21 1939

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

1827
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 1111
(b) Township Liberty Primary Registration District No. 5163 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

540 Anna Jane Cannell
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert T. Cannell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isle of Man
England

FATHER 13. NAME Edward Moore 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Anna Cannell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Miss Jennie Cannell
Hutton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Jan 18 39

19. FUNERAL DIRECTOR (ADDRESS) Hughes Maupin
Ark Vase Mo.

20. FILED Jan. 19 1939 B. H. Stephens
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 16th 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 6 - 1939 to Jan 16 - 1939
I last saw him alive on Jan 15 39 19... Death is said to have occurred on the date stated above, at 1:45 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast Date of onset Not known

Other contributory causes of importance: 46

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) J. H. Denison, M. D.
(Address) Mexico Mo

STATEMENT BY LICENSED EMBALMER

I, Hughes Maukin....., Licensed Embalmer No. 2358.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Hughes Maukin
Licensed Embalmer No. 2358

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.)