

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

1781
 Do not use this space.

REC FEB 17 1940

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. F.D.
 (b) Township Blatt Primary Registration District No. 5121
 (c) City or (d) Street No. St.
 (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 John P. Cannon
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Cannon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 6 9
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. common
 9. Industry or business in which work was done, as saw mill, bank, etc. daily laborer
 10. Date deceased last worked at this occupation (month and year) Jan 20 1940 11. Total time (years) spent in this occupation 35
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri
 13. NAME Nimrod Cannon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Ella Adkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT John P. Cannon
 (ADDRESS) Dearborn Missouri
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Old frame ex. DATE Jan 28 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lillian Davis
Dearborn Mo.
 20. FILED Jan 27 1940 Mrs. Luey Powell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1940
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1940 to Jan 26 1940
 I last saw him alive on Jan 18 1940. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
 Date of onset 1939 Jan 1
 Other contributory causes of importance: None
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None, 1940
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify No
 (Signed) M. D.
 (Address) Dearborn Mo.

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.

RECEIVED

District Health Officer No. 11;

District File Number 240-118

Date Filed FEB 13 1940

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 John E. Ruff
Licensed Embalmer No. 3986
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, above space should be left blank.