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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7740

Registration District No. 67

Primary Registration District No. 4403

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nelle McFarland Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rolla
(If outside city or town limits, write "RURAL")

(d) Street No. 0 Gen. Deer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bessie Alice Cannady 530

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lawrence Cannady

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 29 (Day) 1892 (Year)

8. AGE: Years 47 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Phelps Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business 0

FATHER
12. Name Joseph Turner
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucy Towell
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lawrence Cannady
(b) Address Rolla Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 18 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Camp Creek Cem. 10

18. (a) Signature of funeral director Nuckson
(b) Address Rolla Mo

19. (a) Feb. 17, 1940 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1940 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 12, 1940 to Feb 17, 1940; that I last saw her alive on Feb 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of cervix of uterus involving all surrounding tissue	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cervicle Amputation
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. Sidney McFarland (M.D. or other) 1
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 5,

District File Number 340 317

Date Filed 3/2/40

Signed S. L. Nuell

Licensed Embalmer No. 3394

P. O. Address Rolla Mo.

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.