No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35112

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 260

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

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

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME Ancil Bob Cannady

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased August (Month) 23 (Day) 1940 (Year)

8. AGE: Years 0 Months 1 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Eldon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name J. W. Cannady
13. Birthplace Kirbyville (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Martha Morefield
15. Birthplace Thomas (City, town, or county) Okla. (State or foreign country)

16. (a) Informant J. W. Cannady
(b) Address Osage Beach, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 10/11/40 (Date received local registrar) (b) Dr. Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 3, 1940 to Oct. 10, 1940 that I last saw him alive on 12:15 Am Oct 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Operation Pylorus Stenosis	10/5
Due to:	
Other conditions: Marasmus (Include pregnancy within 3 months of death)	10/1

Major findings:
Of operations Pylorus Stenosis
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 Dr. Bronine Frazier (M. D. or other) DVM
Address Jefferson City, Mo. Date signed 10/11-40

(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 Louis D. Phillips, Registered Apprentice No. ____ working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.