S. No. 2
—11-10-39
5-17-39
1 X 21 42

6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42460

Registration District No. 300 Primary Registration District No. 5417 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Franklin Lawn Mo

(b) City or town Gerald Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 5 months 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Gerald Missouri Rural
(If outside city or town limits, write "RURAL")

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

0

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

3. (a) PRINT FULL NAME Richard Jasson Cannada

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 Married

6. (b) Name of husband or wife Ella Cannada 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 20 (Day) 1858 (Year)

8. AGE: Years 82 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Otterville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter /

11. Industry or business —

FATHER
12. Name Smith Cannada /
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Patten
15. Birthplace Otterville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Cannada
(b) Address Gerald Missouri

17. (a) Valhalla St Louis Mo (b) Date thereof 12-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Ernst L. Ottmann
(b) Address Gerald Missouri

19. (a) 12-29-40 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1940 hour 11 o'clock minute A.M.

21. I hereby certify that I attended the deceased from ....., 19.... to Dec 27, 1940
that I last saw him alive on Dec 27, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	½ hr
Due to	
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? 2/1
(Specify type of place)
While at work? (e) Means of injury

23. Signature Charles A. Schmidt (M. D. or other) MD
Address Gerald Mo. Date signed 12/28/40

(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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Ernst L Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald 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.