

MAILED JAN 16 1949

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
109 South Church Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life in Howard County
years, months or days) ✓

3. (a) PRINT FULL NAME Claude H. Canole

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Canole 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 17, 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Near New Franklin, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Thomas Canole

18. Birthplace Howard County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Watkins

15. Birthplace Howard County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant X Ethel Canole

(b) Address 109 South Church St. Fayette

17. (a) Burial (b) Date thereof Dec. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge (Fayette)

18. (a) Signature of funeral director D. J. Meister
(b) Address Boonville, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 109 South Church Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th.
year 1940 hour 10 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 5th
1940, to Dec 18th, 1940
that I last saw him alive on Dec. 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Exhaustion
starvation Duration 48 hrs
2 months

Due to Syphilis -
Central Nervous System
Due to Tuberculosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: DD PHYSICIAN
Of operations _____
Of autopsy _____
Underlines 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? Y

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Th. F. Peck, M.D. (M. D. or other) ✓
Address New Hospital Fayette, Mo Date signed 12-19-40

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

17-39
X21492

RECEIVED
District Health Officer No. 8,
District File Number 1-7-41
Date Filed

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Paul T. Hubney

Licensed Embalmer No.

3598

P. O. Address

Prater - 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42675

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 378

Primary Registration District No. 4229

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Sturgeon Fayette
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Claude H Canole

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-19-40 (b) Aurea P. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 18 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. P. Leech (M. D. or other) _____
Address Fayette Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

