

BUREAU OF THE CENSUS
FEB 17 1941

Registration District No. 492

Primary Registration District No. 5652A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural - Monroe Township
(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 _____
In this community Seven months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Darling Cannon
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jas. W. Cannon
6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased March 14 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 19
If less than one day hr. min.

9. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Enos Firmin Trescott
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Meller
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Faust Guss

(b) Address Winfield, Mo.

17. (a) Burial (b) Date thereof 2-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem. - Winfield

18. (a) Signature of funeral director Charles Ricks
(b) Address Winfield, Mo.

19. (a) 2-4-41 (b) J. H. Musselwhite
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of Winfield
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2
year 1941 hour 9 minute _____ p.m.

21. I hereby certify that I attended the deceased from April 22, 1940, to Feb. 2, 1941;
that I last saw her alive on Feb. 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid portion of colon
Duration _____

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy no

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? _____

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

23. Signature Dr. J. Plevato (M. D. seal)
Address Winfield, Mo. Date signed 2/3/41

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.

1941 FEB 17 1941

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.....

Charles Dick

Licensed Embalmer No. *4012*

P. O. Address *Winfield, 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.