

MAP 11 1941  
District No. **85**

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

**1. PLACE OF DEATH:**

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 4 da  
In this community 4 days  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Frances Anna Canter

**3. (b) If veteran, name war** no

**3. (c) Social Security No.** none

**4. Sex** F **5. Color or race** W

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

**6. (b) Name of husband or wife** Wm. J. Canter

**6. (c) Age of husband or wife if alive** 41 years

**7. Birth date of deceased** Jan. 21, 1911  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>30</b>	<b>0</b>	<b>16</b>	hr. min.

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

**10. Usual occupation** Housewife

**11. Industry or business**

**12. Name** unknown

**13. Birthplace** (City, town, or county) (State or foreign country)

**14. Maiden name** unknown

**15. Birthplace** (City, town, or county) (State or foreign country)

**16. (a) Informant** Wm J Canter

**(b) Address** Wathena, Kansas

**17. (a) removal** (Burial, cremation, or removal) **(b) Date thereof** Feb 8 1941  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Wathena, Kansas

**18. (a) Signature of funeral director** H. Dadds

**(b) Address** Wathena, Kansas

**19. (a) Feb 8 1941** (Date received local registrar) **(b) H. Dadds** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Doniphan **999**

(c) City or town Wathena Rural **14**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile west of Wathena  
(If rural, give location) **9**

(e) If foreign born, how long in U. S. A. 2 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 7  
year 1941 hour 2:30 minute PM M.

**21. I hereby certify that I attended the deceased from** Feb 4, 1941, to Feb 7, 1941;  
that I last saw her alive on Feb 7, 1941;  
and that death occurred on the date and hour stated above.

**Immediate cause of death**  
Fatal Second degree Burns - over face

**Due to** Arms - Body & upper leg. (Back)

**Due to** Suppression of Urine & other systems

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

**PHYSICIAN**

Major findings:  
Of operations X

Of autopsy X

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): Accident

(b) Date of occurrence Feb 3rd - 41

(c) Where did injury occur? Home West Wathena Doniphan Kan.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

**23. Signature** Wm J Canter (M. D. or Registrar)  
Address St Joseph Mo Date signed Feb 8 41

1957 MAR 11 9AM 0777

MAR 27 1957

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 A. L. Dodds  
Licensed Embalmer No. mo 1626  
P. O. Address Wathena, Kans

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.