S. No. 2
—11-10-39
. 5-17-39
I X21492

FILED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

14495

State File No.

Registration District No. 314 Primary Registration District No. 4190 Registrar's No. 6

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

38
3
0

**1. PLACE OF DEATH:**

(a) County Gentry

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

(c) Name of hospital or institution: x 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1901-2-16
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Gentry 38

(c) City or town Stanberry Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Robert Canaday

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 0

5. Color or race wht

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

6. (b) Name of husband or wife Sarah Jane Canaday

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 8 (Month) 6 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Gentry County (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Wilson T. Canaday
13. Birthplace Gentry County (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Watson
15. Birthplace Nodaway Co (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mrs Nora Land
(b) Address Darlington Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- (Month) 12 (Day) 1941 (Year)
(c) Place: burial or cremation Brick Cemetary

18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Missouri

19. (a) (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 11
year 1941 hour 9 minute a M.

21. I hereby certify that I attended the deceased from August 1, 1940, to February 11, 1941;
that I last saw him alive on Feb 11, 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac Insufficiency | 6 mo |
| Due to Chronic Valvular Insufficiency | |
| Due to | |
| Other conditions Nephritis (Include pregnancy within 3 months of death) | 5 yrs |

Major findings:
Of operations 121 b
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?
286 (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R. J. Milligan (M. D. or other) DO
Address Stanberry Mo Date signed 2-12-41

(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~~ J. Evan Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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.**