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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30523

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3280

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 52 Years 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 8

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

(d) Street No. 3416 Michigan (If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME Mrs Margaret CANNON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Patrick Cannon

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

7. Birth date of deceased October (Month) 9th (Day) 1871 (Year)

8. AGE: Years 69 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Francis Phillips
13. Birthplace Ireland (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Julia Smith
15. Birthplace Ireland, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs J. V. Quigley

(b) Address 5618 Wyoming Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Missouri.

19. (a) 9/2/41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1st year 1941 hour 5 minute 20 AM

21. I hereby certify that I attended the deceased from Aug. 26, 1941, to Sept 1, 1941 that I last saw her alive on Aug 31, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia (organism not determined) — Duration 6 days

Due to

Due to

Other conditions Rheumatic heart (Include pregnancy within 3 months of death) (untreated registration) — several years

Major findings: Of operations no operation

Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert Valentine (M. D. or other) 0

Address 1124 Professional Bldg Date signed 9/2/41

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(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. 267 working under my personal supervision.

Signed J. H. Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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, fact should be so stated above.