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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1001

Registrar's No. 1077

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hr. 35 Min. (Specify whether
In this community 2 Hr. 35 Min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: (PARENTS)

(a) State Mo. (b) County Clinton 25

(c) City or town Gower
(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.? 1 years.

3. (a) PRINT FULL NAME Patricia Kay Canaday

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Girl

5. Color or race White

6. (a) Single, widowed, married, divorced Sing. O

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 10, 1941
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	2 hr. 35 min.

9. Birthplace St. Joseph, Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name Ray T. Canaday
13. Birthplace Albany, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Fleener
15. Birthplace Mound City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ray T. Canaday
(b) Address Gower, Mo.

17. (a) Removal (b) Date thereof 11-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony Cemetery

18. (a) Signature of funeral director H. B. Sullins
(b) Address Gower Mo.

19. (a) Nov. 10, 1941 (b) H. J. Nestlebush D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1941 hour 10-45 minute A M.

21. I hereby certify that I attended the deceased from 11-10-8:00 AM, 1941, to 11-10, 1941;
that I last saw her alive on 11-10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Torn Tentorium ?	
Cerebral Hemorrhage ?	
~~Due to~~ Cord about Neck twice.	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 [signature] (M. D. or other) 8/11/40
Address St. Joseph Mo. Date signed 11-10-41

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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.....

working under my personal supervision.

Signed N. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Grover Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.