

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1941
Registration District No. 547

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38823
Registrar's No. 316

Primary Registration District No. 3029

1. PLACE OF DEATH:
(a) County. Marion
(b) City or town. Hannibal Mo.
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. years, months or days

3. (a) PRINT FULL NAME. Francis Warren Cann
3. (b) If veteran, name war
3. (c) Social Security No. 490-07-6668

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Baldie Ellen Cann
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased. September 1, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 23 hr. min.

9. Birthplace Danvers Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation. Manager

11. Industry or business. Sub office United Machine Corp.

MOTHER FATHER {
12. Name. Captain Lewis Cann
13. Birthplace. Yarmouth Nova Scotia
(City, town, or county) (State or foreign country)
14. Maiden name. Eliza Ann Webb
15. Birthplace. Danvers Massachusetts
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. F. W. Cann

(b) Address. 1304 Paris Hannibal Missouri

17. (a) Burial (b) Date thereof. 11/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mount Olivet Cemetery

18. (a) Signature of funeral director. Crawford Smith

(b) Address. 902 Broadway Hannibal

19. (a) 11-28-41 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. ~~Hannibal~~ Marion
(c) City or town. Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1304 Paris
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1941 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 10-12-41
....., 19....., to 11-24-41, 1941;
that I last saw him alive on 11-24-41
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute nephritis
Duration

Due to.....

Due to.....

Other conditions. Acute arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature. [Signature] (M. D. or other) [Signature]
Address. Hannibal Mo. Date signed 11-27-41

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..... *James A. Moles*.....

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38823

Registration District No. 547

Primary Registration District No. 3029

Registrar's No.

1. PLACE OF DEATH

(a) County Marion
(b) City or town Hammond
(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.....
(Specify whether
In this community.....
years, months or days.....)

3. (a) PRINT FULL NAME Francis W. Cann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Sept. 1, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13
(If less than one day hr. min.)

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
130

Duration

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-38823