

S. No. 2
4-13-40
7-5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5261

State File No.

770

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether In this community 2 Days 30 YRS years, months or days)

3. (a) PRINT FULL NAME Rosie Cannon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cannon Cannon 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 12 1893 (Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Fortney
13. Birthplace Unknown / Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown / Unknown
15. Birthplace Unknown / Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cameron Cannon
(b) Address 7240 Prospect

17. (a) Burial (b) Date thereof 2/25/42 (Month) (Day) (Year)

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

19. (a) Address 2315 Linnwood (b) M.M. Crowe (Registrar's signature) (Date signed local registrar) 2/25/42

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 7240 Prospect (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st year 1942 hour 7 minute 27 A. M.

21. I hereby certify that I attended the deceased from 2-19-42, 19, to 2-21-42, 19; that I last saw her alive on 2-21-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease; Hyperthyroidism

Due to 15 D
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7
Of autopsy See above

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 Drury R. Thore (M. D. or other) PA
Addressed Dir. K.C. Gen Hospital K.C. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Roy E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

K. E. M.D.

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.