

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12342

Do not use this space.

1. PLACE OF DEATH

(a) County WorthRegistration District No. 1113-90-3(b) Township MiddleforkPrimary Registration District No. 10213(c) City Worth(d) Street No. 113 St. 113

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ruth Canady(a) Residence, No. Worth, Worth County, Mo. St. 113
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Lewis Canady
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 11, 1887

7. AGE

YEARS

54

MONTHS

11

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Worth County, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME W.R. Gladstone14. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Malinda Walker16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Jene Canady
(ADDRESS) Worth Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Knox Cemetery DATE Mar, 17 194219. FUNERAL DIRECTOR (NAME) Hayes Andrews
(ADDRESS) Worth Mo.20. FILED Mar 24 1942 Arlene Scadden
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 194222. I HEREBY CERTIFY, That I attended deceased from June 1 1938, to 3-14 1942Last saw her alive on 3-14 1942 Death is saidto have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Myelogenous leukemia

Date of onset

1938Other contributory causes of importance: 740Name of operation Autopsy Date of noWhat test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 1942

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Charles N. Williamson no(Signed) Charles N. Williamson(Address) Country Mo

1104

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1952

OCT 29 1952

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

Hoyes Quindus

Licensed Embalmer No. *2892*

P. O. Address *Worth, 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.