S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13254

FILED MAY 14 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1778

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 10 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (Rural) 3
(If outside city or town limits, write "RURAL")
(d) Street No. 9615 East 9 St, 8
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Claude Howard Cannon

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-2037

4. Sex Male 6

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov (Month) 2 (Day) 1908 (Year)

8. AGE: Years 33 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Boiler Maker Helper

11. Industry or business Missouri Pac, Ry.

FATHER
12. Name Lionel Cannon
13. Birthplace (City, town, or county) No Record (State or foreign country)

MOTHER
14. Maiden name Alice Eubank
15. Birthplace (City, town, or county) No Record (State or foreign country)

16. (a) Informant Mary Cannon
(b) Address 9615 East 9 St,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address 918 Brooklyn

19. (a) 5-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 42 hour 5:30 minute M.

21. I hereby certify that I attended the deceased from Cannon, 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema and hemorrhagic acute cerebral edema

Due to

Due to Acute alcoholism

Other conditions (Include pregnancy within 3 months of death) NC

Major findings:
Of operations
Of autopsy See above

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 5/4/42
Address Date signed

361 (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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K-C-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, fact should be so stated above.