DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

115824

State File No.

Registration District No. 875 | Primary Registration District No. 3039 | Registrar's No. 95

1. PLACE OF DEATH

(a) County: Vernon
(b) City or town: Nevada C.T. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 N. Washington (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon
(c) City or town: Nevada (If outside city or town limits, write "RURAL.")
(d) Street No.: 116 N. Washington (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles David Canaway
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb 2, 1877 (Month) (Day) (Year)
8. AGE: Years 65 | Months 2 | Days 23 | If less than one day: hr. 1 min.
9. Birthplace: Vernon Co, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Dog Racing
11. Industry or business
FATHER
12. Name: William H Canaway
13. Birthplace: ? Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Blond
15. Birthplace: ? Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: C. Baxter Davis, Coroner
(b) Address: Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Rich Hill, Mo
18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address: Nevada, Mo.
19. (a) 4-27-42 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1942 hour probably about 11:30 minute p. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary heart disease
Due to:
Due to:
Other conditions (Includes pregnancy within 3 months of death): NKA
Major findings:
Of operations:
Of autopsy: As 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: Coroner
23. Signature: C. Baxter Davis (M. D. ~~or other~~)
Address: Nevada, Mo. Date signed 4-25-42

1231

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 5-42-459
Date Filed 5-11-42

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 Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.