

FILED SEP 11 1942

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

1. PLACE OF DEATH:  
(a) County CAPE GIRARDEAU  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 WKS  
years, months or days

3. (a) PRINT FULL NAME FRANK M. CANLESS  
3. (b) If veteran, name war L  
3. (c) Social Security No. L

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced 2 WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEBRUARY 2 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LAWRENCE Co. TENNESSEE  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN M. CANLESS  
13. Birthplace TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Shaver  
(b) Address Bloomfield, Mo

17. (a) BURIAL (b) Date thereof 5-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ROCKHILL, STODDARD Co.

18. (a) Signature of funeral director Walter Funeral Home  
(b) Address Stanton, Mo

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County STODDARD  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25  
year 1942 hour 3 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 12  
1942 to May 24 1942  
that I last saw him alive on May 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar Pneumonia 5da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Merlin Anderson M.D. or other \_\_\_\_\_  
Address Stanton Mo Date signed 6-1-42

1014

RECEIVED

District Health Officer No. 4  
District File Number 992-1120  
Date Filed 9-4-42

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address Sikeston, 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.