

BUREAU OF THE CENSUS
FILED SEP 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 247

FILED SEP 11 1942
Primary Registration District No. 5840

Registrar's No. 87

73
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Newton County
 (b) City or town Pierce City, Rural Vanburen
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Newton
 (c) City or town Pierce City, 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.

3. (a) PRINT FULL NAME Mrs. Margaret Canady

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 Bailey J. Canady 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 13 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation House keeping at home

11. Industry or business _____

12. Name Joel Kelley

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Kelley

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant: From bible at home

(b) Address _____

17. (a) Burial (b) Date thereof Aug. 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jolley Cem.

18. (a) Signature of funeral director Ralph G. ...

(b) Address ...

19. (a) Aug 7 1942 (b) Lulu ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1942 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from May 9, 1942, to Aug. 2, 1942; that I last saw her alive on Aug 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. Myocarditis
Sclerosis of Coronary Arteries

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature E. B. Wright (M. D. or other) _____
Address Pierce City, Mo. Date signed 8-7-42

RECEIVED

District Health Officer No. 6,

District File Number 942-1324

Date Filed SEP. 8 1942

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

Ralph P. [Signature]

Licensed Embalmer

P. O. Address

Slone Springs

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.