

FILED DEC 29 1942
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **318**

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1828 Rutger St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1828 Rutger
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ira Thomas Cannon
 (b) If veteran, name war None
 (c) Social Security No. X

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 3, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 8 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Noel Cannon

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley, Missouri

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston, Missouri

19. (a) DEC 18 1942 (b) J. F. Amick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
 year 1942 hour 7 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Sept 29 1942 to Dec 11 1942
 and that death occurred on the date and hour stated above. Dec 11 1942

Immediate cause of death _____ Duration _____
Cirrhosis of Liver 3 mos
 Due to Cause not known
Probably malignant

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

Major findings: _____ PHYSICIAN _____
 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) Means of injury _____
 23. Signature Otto T. Walser (M. D. or other) M.D.
 Address 2904 Park Ave Date signed 12/15/42

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

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.....

John Albritton

Licensed Embalmer No..... 2941

P: O. Address..... Sikeston, Missouri

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.