

J. W. Whitaker
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41366
State File No. _____
Registrar's No. 5788 70

Registration District No. 218 Primary Registration District No. 5788

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Anniston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Mississippi
(c) City or town Anniston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARVEY DEAN CANUPP
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19
year 1942 hour 1:15 minute a. 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.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Specified Cough used for baby Nov. 18-42 - Did not see baby but presume it died from membranous Croup from information given by father
Duration _____

7. Birth date of deceased May 9 1941
(Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
1 4 10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Mr. Alexander Canupp

13. Birthplace Union Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Paula Jane Pullen

15. Birthplace Spays Ridge Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alexander Pullen

(b) Address Anniston, Mo.

17. (a) Burial (b) Date thereof 11-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anniston, Mo.

18. (a) Signature of funeral director Spays Shelly

(b) Address East Prairie Mo.

19. (a) 12-1-42 (b) Tomie E. Bugman
(Date received local registrar) (Registrar's signature)

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 J. W. Whitaker (M. D. or other)
Address East Prairie Mo. Date signed 12-3-42

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

67
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RECEIVED

District Health Office No. 2,

District File Number 1242-1694

Date Filed 12-16-42

[Handwritten notes and scribbles, mostly illegible]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.