No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6222

State File No.

FILED MAR 10 1943

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Ind. Twp
(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: 35

(a) State Mo (b) County Dunklin 0

(c) City or town Kennett R-1 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harrison L. Cannon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maude Cannon

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 2 (Day) 1889 (Year)

8. AGE: Years 53 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Kennett R-1 (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Ben Cannon
13. Birthplace Dont Know (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Cynthia Thompson
15. Birthplace Dont Know (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Bethe Thompson
(b) Address Kennett R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Lock and Co
(b) Address Kennett Mo

19. (a) 2-15-43 (Date received local registrar) (b) Julie Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 year 1943 hour 2 minute 30 a.M.

21. I hereby certify that I attended the deceased from 5-12 1942 to 5-30 1942 that I last saw him alive on 8-15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastasis to Gall bladder and liver - generalized metastasis

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46b

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

23. Signature G. R. Treanell (M. D. or other) MD

Address Kennett, Mo Date signed 2-8-43

901 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 348-21
Date Filed 3-8-42

JAN 4 1945

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 Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.