V. S. No. 2
50M—5-42
. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6506

State File No. .....

Registration District No. 141 | Primary Registration District No. 3025 | Registrar's No. 12

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Mo
(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 years, months or days)
In this community 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Vollers Mill
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Mary M. Cannon
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Wm C. Cannon
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 4-7-1876 (Month) (Day) (Year)

8. AGE: Years 66 | Months 9 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace / (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jacob Hoffine
13. Birthplace Douglas Co. (City, town, or county) Mo U (State or foreign country)
MOTHER
14. Maiden name Betty Smith
15. Birthplace Howell Co. (City, town, or county) Mo U (State or foreign country)
16. (a) Informant Ed Cannon
(b) Address Vollers Mill, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 2-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director Vollers Mo
(b) Address West Plains Mo
19. (a) 2-10-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23 year 43 hour 12 minute 05 A. M.
21. I hereby certify that I attended the deceased from 1/2 1943, to 1/23 1943; that I last saw her alive on 1/23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	2 days
Bronchial	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Maurice Thompson (M. D. or other) M.D.
Address West Plains Mo Date signed 2-21-43

(Licensed Embalmer's Statement on Reverse Side)

Thompson 1/3

RECEIVED
District Health Officer No. 41
District File Number 343127
Date Filed 3-5-73

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.