

128

MAY 10 1943

Primary Registration District No. 5465

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural N. Campbell Twshp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #11 ~~Box 727~~
(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) 4 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town N. Campbell (Rural)
(If outside city or town limits, write "RURAL.")

(d) Street No. Route #11 Box 727
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Ann Cannon

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. A. Cannon 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased Dec. 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

v 74 4 13 hr. min.

9. Birthplace Christian County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Nathan Shipman

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

14. Maiden name Sarah J. Hart

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

16. (a) Informant Mrs. Clara B. Tillman

(b) Address Route # 11 Springfield, Mo.

17. (a) Burial (b) Date thereof April 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsey Veterinary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-17-43 (b) H W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from He attended by to physician 1943 that I last saw h. alive on 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis not known

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 930

PHYSICIAN

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) _____ Means of injury local Registrar

23. Signature H W E Handley (M. D. or other) _____
Address Springfield, Mo Date signed 4/17/43

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.

