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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14982

Registration District No. 29 Primary Registration District No. 4366 Registrar's No. 15

1. PLACE OF DEATH: Newton
(a) County ~~McDonald~~
(b) City or town Granby
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: Newton 73
(a) State Missouri (b) County ~~McDonald~~
(c) City or town Granby 0
(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 0

3. (a) PRINT FULL NAME Tom M. 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 Ollie Cannon
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July (Month) 14 (Day) 1886 (Year)

8. AGE: Years 56 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Santa Fee (City, town, or county) N. Mexico (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George W. Cannon
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Martha Bell
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Ollie Cannon
(b) Address Granby Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Granby Cem.
18. (a) Signature of funeral director Webb City Und. Co.
(b) Address Webb City, Mo.
19. (a) Mar 31-43 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1943 hour 2 30 minute a. M.

21. I hereby certify that I attended the deceased from April 15, 1941, to March 28, 1943 that I last saw him alive on March 28, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Gangrene	6 Mo
Due to Pulmonary embolism	8 Mo.
Due to Chronic Cardio-renal disease	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131a

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 Charles O Chester (M. D. or other) DO
Address Granby, Mo Date signed 3/30/43

1144

(Licensed Embalmer's Statement on Reverse Side)

Date Received APR 12 1943
File No. 343-57

250
35
285

APR 15 1943

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 [redacted] myself

....., Registered Apprentice No....., or

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City Mo.

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.