

FILED MAY 15 1943
Registration District No. 377

Primary Registration District No. 6284

Registrar's No. 7

1. PLACE OF DEATH: Wright
 (a) County Wright
 (b) City or town Rural Montgomery town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 57 years (Specify whether
 years, months or days)

8. (a) PRINT FULL NAME MARY A. CANNON
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, 2 divorced, widowed
 6. (b) Name of husband or wife ELBERT CANNON 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec 25 1870
 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 20 If less than one day
 hr. _____ min. _____

9. Birthplace Morris Town TENN.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
 MOTHER FATHER { 12. Name Samuel Thornhill
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Cline
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabel Osborn
 (b) Address Manes, Mo.

17. (a) Burial (b) Date thereof 4-16-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manes cemetery

18. (a) Signature of funeral director W. D. Hutchins
 (b) Address Hartsville, Mo.

19. (a) 4/24-43 (b) Hester Hutchins
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 119
 (a) State Missouri (b) County Wright
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1943 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from
March 13, 1943, to April 15, 1943
 that I last saw her alive on April 15, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 5 weeks

Due to _____
 Due to 33a
 Other conditions _____
 (Include pregnancy within 3 months of death)

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) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 28. Signature J. T. Bridges (M. D. or other)
 Address Manes, Mo. Date signed 4-16-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 5-15-39 I 41951

106.4

RECEIVED

District Health Officer No. 6,

District File Number 543-583

Date Filed MAY 13 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.....
....., 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, above space should be left blank.