

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LEO JUN 10 1943 49
Registration District No. _____

Primary Registration District No. 5907

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Holland - Rural
(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 _____ (Specify whether
years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Holland - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Robert Cannon

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased September 19 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 7 _____ yr. _____ min.

9. Birthplace Huntsville, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Don't Know
13. Birthplace " " 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Thomas Cannon
(b) Address Holland, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery - St. Louis Mo
18. (a) Signature of funeral director Werner Bros. Co.
(b) Address St. Louis, Missouri, Box 124

19. (a) 5-8-43 (Data received local registrar) (b) C. C. Limbaugh
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Blood
Vessel in Brain

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____
23. Signature D. C. McLean (M. D. or other)
Address Holland Mo Date signed 5-24-43

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

8000

5-43-209

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.....

John H. Gorman....., Registered Apprentice No. *344*
working under my personal supervision.

Signed *Jas. R. Stovall*.....

Licensed Embalmer No. *3100*.....

P. O. Address *Plymouth*.....

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.