V. S. No. 2
M—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

Registration District No. 276

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 18695

Primary Registration District No. 5947

Registrar's No.

**1. PLACE OF DEATH:**
(a) County: Phelps
(b) City or town: St James Rural
(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: 0 (Specify whether years, months or days) In this community:

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Phelps 01
(c) City or town: St James Rural 0
(If outside city or town limits write "RURAL")
(d) Street No. St James Twp 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Carl R. Canfield
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: 1
6. (b) Name of husband or wife: Mary Canfield
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: 10 (Month) 1 (Day) 1887 (Year)
8. AGE: Years 56 Months 7 Days 9 If less than one day hr. min.
9. Birthplace: Kankakee (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Lewis T Canfield
FATHER 13. Birthplace: Ohio (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: Mary Blutney
MOTHER 15. Birthplace: Ohio (City, town, or county) (State or foreign country) 1
16. (a) Informant: Lewis Canfield
(b) Address: St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Cem
18. (a) Signature of funeral director: W E Winkelder
(b) Address: St James Mo
19. (a) 5-17-43 (Date received local registrar) (b) Chauncey Dickson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5-10 day year 1943 hour 8 a.m. minute P M.

21. I hereby certify that I attended the deceased from May 2, 1943 to May 10, 1943 that I last saw him alive on May 6, 1943 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | |
| Due to: Acute myocarditis | 2 months |
| 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: C W Hammler (M. D. [redacted])
Address: St James, Mo Date signed 5-11-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1945

## 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 W E Lichlider

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.**