

28394

S. No. 2
DM-5-42
v. 5-17-33
PI X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 19 1943

Registration District No. 145

Primary Registration District No. 5565

Registrar's No. 9

47
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Dent Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 miles North West of Bixby
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 2 miles North West of Bixby
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward Benjamin Cannaday

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 10 minute 20 P. M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Nettie Cannaday

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

7. Birth date of deceased October 15 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from by Coroners investigation, to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

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

77 9 12 ..hr. ..min.

Immediate cause of death.....
Lobar Pneumonia

Due to.....

Due to.....

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

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

Major findings:
Of operations.....

10. Usual occupation laborer

11. Industry or business lumber mill

Of autopsy none

12. Name Frank Cannaday

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Cannaday

(b) Address Salem Missouri

17. (a) burial (b) Date thereof 8-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bixby Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Iron ton Mo

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?

19. (a) July 27-43 (b) Mr J C Ricketts
(Date received local Registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature [Signature] Iron ton Missouri Coroner
Address..... Date signed 8-14-43

1095

RECEIVED

District Health Officer No. 4
District File Number 843-2468
Date Filed 8-18-43

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Amel White.....
Licensed Embalmer No. 2012.....
P. O. Address Frontier Ave.....

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.