

FILED OCT 22 1943

Registration District No. 5-5-

Primary Registration District No. 3011

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 most of life years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charles E. Canaday

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna G. Gumm 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 11 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>21</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name John Canaday

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

14. Maiden name Mary Ann Shoemaker

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

16. (a) Informant Miss Lillian O'Neal

(b) Address Carrollton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton, Mo.

19. (a) 10-4-43 (Date received local registrar) (b) Mrs. James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Carrollton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-26-43
19____ to 10-2 1943

that I last saw h. alive on 10-2-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Insufficiency (mitral)

Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Atwood (M. D. or other) _____

Address Carrollton, Mo. Date signed 10/2/43

RECEIVED

District Health Officer No. 6.

District File Number

Date Filed 10-21-43

OCT 27 1943

NOV 20 1944

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W

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.