

No. 2  
-2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22986  
Registrar's No. 360

Registration District No. 209 Primary Registration District No. 3043

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
809 Pleasant St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 26 years (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 64  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 809 Pleasant  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME James Lake Cannon  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 25  
year 1943 hour 9 minute -A. 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.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mattie Cannon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 25 1868  
(Month) (Day) (Year)

Immediate cause of death Angina pectoris  
Due to Chl arteriosclerotic myocarditis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: none 938  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
77 11 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired butcher

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name David Cannon  
13. Birthplace Lincoln Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Wambles  
15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Farrell H. Taylor  
(b) Address 809 Pleasant, Hannibal, Mo.

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

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Roy P. Schwartz  
(b) Address 1000 Bluffway, Hannibal, Mo.

19. (a) 12-1-43 (b) R. H. Connor  
(Date received local registrar) (Registrar's signature)

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) (If) Means of injury \_\_\_\_\_  
23. Signature J. H. Keith (M. D. or other) JK  
Address 1146 Date signed 11-30-43

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

1146

(Licensed Embalmer's Statement on Reverse Side)

1765 1265

**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 *Ray P. Schwartz*.....

Licensed Embalmer No. *1765*

P.O. Address *1700 Edway, Hannibal, 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, fact should be so stated above.**