S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 8205

Registrar's No. 359

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000 12
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 4972 Fairview.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: JAMES W CANNON
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Adelaide Cannon
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: January (Month) 4 (Day) 1866 (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace: Jackson (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: -------
MOTHER FATHER
12. Name: James W. Cannon
13. Birthplace: Jackson (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Elizabeth Stockton
15. Birthplace: Jackson (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mrs. Adelaide Cannon,
(b) Address: 4972 Fairview, St. Louis, Mo.
17. (a) removal by hearse (Burial, cremation, or removal) (b) Date thereof: 3--5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Cemetery, Jackson, Mo.
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa, St. Louis, Missouri.
19. (a) MAR 4- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1944 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from Dec 1, 1943 to March 2, 1944; that I last saw him alive on Feb 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum — Duration

Due to: — Duration

Due to: — Duration

Other conditions (Include pregnancy within 3 months of death): — Duration

Major findings:
Of operations:
Of autopsy: 46d

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: 0
23. Signature: A. L. Merlin M.D. (M. D. or other)
Address: 3507 Potomac Date signed: 3-2-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 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.....
Louis C. Hoffmeister, Registered Apprentice No.....,
working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**