

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27146**

**FILED SEP 15 1944**

Primary Registration District No. **4034**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County **Bates**  
 (b) City or town **Hume**  
(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 years, months or days)  
 In this community **10 Years**

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

**4. Sex** **Female** **5. Color or race** **Wht.** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Perry Cannon** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Aug.** **8th.** **1868**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<b>75</b>	<b>11</b>	<b>22</b>	hr. _____ min. _____

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

**10. Usual occupation** **Housewife**

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

**12. Name** **William Carter**

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

**14. Maiden name** **Lucinda Johnson**

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

**16. (a) Informant** **Perry Cannon**  
**(b) Address** **Hume, Mo.**

**17. (a) Burial** **8 1 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Fairmount Cem-**

**18. (a) Signature of funeral director** *P. W. Mc... ..*  
**(b) Address** **Hume - mo**

**19. (a) 8/16/44** **(b) Perry M. Cannon**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Hume**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **30th.**  
 year **1944** hour **1 A. M.** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** **July 1**  
 19**44** to **July 30** 19**44**  
 that I last saw her alive on **July 30** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **7/30/44**  
 Duration \_\_\_\_\_

Due to **Hypertension** **1940**

Other conditions **940**  
(Include pregnancy within 3 months of death)

Major findings: **940**  
 Of operations \_\_\_\_\_  
 Of autopsy **None**  
**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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
**23. Signature** *John H. Allen* (M. D. or other)  
**Address** **Hume** Date signed **8/31/44**

RECEIVED

District Health Officer No. 7<sup>th</sup>

District File Number 8-44-1069

Date Filed 9-18-44

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Campbell

Licensed Embalmer No. 1002

P. O. Address Home 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.**