

**FILED OCT 10 1944**

Registration District No. 5911-271

Primary Registration District No. 271-5911

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

**I. PLACE OF DEATH:**

(a) County Deming  
(b) City or town Rural - Drazz City, Mo.  
(c) Name of hospital or institution: Pascalo Jung  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Deming  
(c) City or town Rural - Drazz City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 9  
year 1944 hour 8 minute 5 A.M.  
21. I hereby certify that I attended the deceased from July 1, 1944 to Sept. 15, 1944  
that I last saw her alive on Sept. 14, 1944  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME ANNA-ELISYBETH-CANOV  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Wm - WESLEY-CANOV  
7. Birth date of deceased March 14 1863

8. AGE: Years 81 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Tom Briant  
13. Birthplace \_\_\_\_\_  
14. Maiden name Mary Elizabeth Briant  
15. Birthplace Mo.

16. (a) Informant Dick Canoy  
(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 9 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wardell Cem.

18. (a) Signature of funeral director Raymond B. A. S.  
(b) Address New Madrid, Mo.

19. (a) 10-3-44 (b) Mrs. T. R. Cole  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis and Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 H. G. Bond, M. D. (M. D. or other) \_\_\_\_\_  
Address Dayton, Mo. Date signed 9-13-44

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

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

9-44-224

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**