

FILED JAN 32 1944
Registration District No.

Primary Registration District No. 5958

1. PLACE OF DEATH:

(a) County Platte
(b) City or town rural Carroll township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution no (Specify whether
In this community no
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME John Miller 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, single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased August 18 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 20 hr. min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

MOTHER FATHER { 12. Name James Leonard Cannon
13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Green
15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Timberlake
(b) Address Platte City, Missouri

17. (a) burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Rollins & Mitchell

(b) Address Platte City, Missouri

19. (a) 12-9-44 (b) Miss Clay Ruffee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1944 hour unknown minute no 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.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

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) (c) Means of injury 3

23. Signature Tom H. Hullett (M.D. or other) farmer

Address Platte City mo Date signed 12-7-44

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

13
0
0

RECEIVED

District Health Officer No. Platte County, Mo. ^{Health}
District File Number 1-45-12 ^{Dep.}
Date Filed 1-2-45

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.....

Francis M. Giffie....., Registered Apprentice No. 361,
working under my personal supervision.

Signed Virvan R. Nash.....

Licensed Embalmer No. 3947.....

P. O. Address Edgerton, 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.