

Registration District No. 6 1945Primary Registration District No. 4293

## 1. PLACE OF DEATH:

(a) County LINCOLN  
 (b) City or town ELSBERY Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME OTTO BOOMER CANNON  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: 1 - 7 - 1867  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MISSOURI (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Retired farmer

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

12. Name Isaac Cannon

13. Birthplace Lincoln Co Mo (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Lucy Wilkinson

15. Birthplace Lincoln Co Mo (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Mrs. J. C. Howard

(b) Address Elberry, Missouri

17. (a) Burial (b) Date thereof 8-21-1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elberry Cemetery

18. (a) Signature of funeral director Clifton Miller

(b) Address Elberry, Missouri

19. (a) Aug 21 1945 (b) B. B. Williamson  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN  
 (c) City or town ELSBERY MISSOURI  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) RURAL  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
 year 1945 hour 4 minute 30 P.  
 21. I hereby certify that I attended the deceased from 1940 to 1945  
 that I last saw him alive on Aug 18 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosed, Quechley, white exalted, in trunk, a faint pencil  
salvular heart  
 Due to \_\_\_\_\_  
 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) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature B. J. Redin (M. D. or other) \_\_\_\_\_  
 Address Elberry, Mo Date signed 8-20-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

1193

(Licensed Embalmer's Statement on Reverse Side)

**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, Aug 18 - 1945,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed: Clifton Miller  
Licensed Embalmer No. 3364  
P. O. Address Elsberry, Missouri

**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.**