S. No. 2
0M—5443
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30460

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 - Kennett Street 1
(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 Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 205 - Kennett St. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Donald George Cannon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M - 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 3 - (Day) 1945 (Year)

8. AGE: Years 0 Months 6 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Kennett (City, town, or county) Mo - 0 (State or foreign country)

10. Usual occupation Lone

11. Industry or business None

MOTHER FATHER

12. Name Leon Cannon

13. Birthplace Morehouse (City, town, or county) Mo 0 (State or foreign country)

14. Maiden name Dorothy Finley

15. Birthplace Kennett, (City, town, or county) Mo - 0 (State or foreign country)

16. (a) Informant Leon Cannon
(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Earl Bahman
(b) Address Kennett, MO

19. (a) 9-29-45 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 7 minute 40 a M.

21. I hereby certify that I attended the deceased from Sept 23, 1945, to Sept 27, 1945, that I last saw him alive on Sept 26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Illis Colitis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A T Dempsey (M. D. or other) MD
Address Kennett Mo Date signed 9-4-45

1548

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1065-3096
Date Filed 10-8-65

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.

This body Not Embalmed

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, fact should be so stated above.