V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33901

State File No.

FILED NOV 8 1945

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 75

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town HICKMAN MILLS "RURAL" (If outside city or town limits, write "RURAL" and name of township) Greenlington

(c) Name of hospital or institution: JARDON FARM. / Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution COMMUNITY. (Specify whether

In this community 9 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON 48

(c) City or town HICKMAN MILLS 0 (If outside city or town limits, write "RURAL")

(d) Street No. JARDON FARM. 0 (If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 0

If yes, name country -

3. (a) PRINT FULL NAME BEULAH FORESTINE CANNON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HERMAN CANNON

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased FEB (Month) 6 (Day) 1904 (Year)

8. AGE: Years 41 | Months 8 | Days 11 | If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME.

11. Industry or business

FATHER
12. Name HENRY L FULK
13. Birthplace BEVERLY (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name SARAH ELIZABETH UNMISSIG
15. Birthplace BEVERLY (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant HERMAN CANNON

(b) Address HICKMAN MILLS, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 19, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation WESTON, Mo.

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Grandview, Mo.

19. (a) Oct. 17-45 (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 17 year 1945 hour 4 -- minute A M.

21. I hereby certify that I attended the deceased from Jan. 11, 1939, to Oct 17, 1945 that I last saw her alive on Mch. 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis and Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration: Yrs.

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

930

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 Annie G. Hedges (M. D. or other) D.O.

Address Hickman Mills Mo. Date signed 10/17/45

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(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.