

S. No. 2  
M-8-43  
5-17-39  
K37823

**FILED** JAN 21 1946

Registration District No. **149**

Primary Registration District No. **1002**

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

100241

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Marys Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether years, months or days)

In this community **25 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3100 East 11th Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Glenn L. CANNON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **26**  
year **45** hour **5** minute **25** P. M.

21. I hereby certify that I attended the deceased from **12/17/46**, 19 to **12/26/45**, 19;  
and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucia J. Cannon**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **May 25, 1903**  
(Month) (Day) (Year)

Immediate cause of death **Essential Hypertension -  
Meningeal**

Duration **1 wk.**

Due to **nephrosclerosis**

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

8. AGE: Years **42** **43** Months **7** Days **1**  
If less than one day hr. min.

9. Birthplace **Eldorado Springs Mo.**  
(City, town, or county) (State or foreign country)

Major findings: **131a**

Of operations \_\_\_\_\_

Of autopsy **See above**

Underline the cause to which death should be charged statistically.

10. Usual occupation **Deputy Sheriff**

11. Industry or business **County Sheriff Office**

12. Name **Thomas Cannon**

13. Birthplace **Unknown Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Ritter**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucia J. Cannon**

(b) Address **3100 East 11th St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **12/29/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery  
Melody-McGilley-Eylar**

18. (c) Signature of funeral director \_\_\_\_\_

(b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **12-29-45** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **OS [Signature]** (M. D. [Signature])  
Address **1109 Puff Bluff** Date **12/27/45**

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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, fact should be so stated above.**