No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13966

Registration District No. 245 Primary Registration District No. 5839 Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (If outside city or town limits, write "RURAL" and name of township) Neosho Twp.
(c) Name of hospital or institution: U.S. Highway 71, 3 3/4 miles North of Neosho, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Dead on arrival (Specify whether years, months or days)
In this community: 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: West Virginia (b) County: 999
(c) City or town: St. Alban's 46 (If outside city or town limits, write "RURAL")
(d) Street No.: RFD #2 Box 136 0 (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Earl F. Canterbury
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth H. Canterbury
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: August (Month) 29 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
37	7	5	-- hr. -- min.

9. Birthplace: Happy (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business: U. S. Army
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Amy Raul
MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Service Record ASFTC Personnel
(b) Address: Camp Crowder, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Apr 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Charleston, W. Va
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) Apr. 8, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1946 hour 10 minute 05 P. M.
21. I hereby certify that I attended the deceased from Never, Dead on arrival to hospital, 19__, to ____, 19__; that I last saw him alive on Never, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral concussion, severe.
Due to: Auto accident
Due to:
Other conditions: Fracture, simple, comminuted zygoma, left and max-illa, bilateral
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Same as above.

Duration

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): Accident 72
(b) Date of occurrence: 4 April 1946
(c) Where did injury occur? Near Neosho, Newton, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U. S. Highway 71
While at work? No (Specify type of place) (e) Means of injury: Auto accident collision with another car.
23. Signature: James M. Jones (M. D. or other)
Address: Camp Crowder, Mo. Date signed 4/5/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. _____
District File Number 446-63
Date Filed 4-17-46

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 Frank W Knell Jr, Registered Apprentice No. 379 working under my personal supervision.

Signed Emm R Knell

Licensed Embalmer No. 391

P. O. Address Carehage

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.