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M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22959**

FILED AUG 12 1946

Registration District No. 35 Primary Registration District No. 3011 Registrar's No. 110

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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Attwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll?

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME ANNA C. CANADAY

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 7 minute HOP.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

4. Sex F 5. Color or race W. 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 Mar. 16 1866
(Month) (Day) (Year)

that I last saw her alive on 7-23-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration

Due to Myocardial Infarction

Due to

Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 4 Days 7 If less than one day hr. min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

Major findings: PHYSICIAN

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James Franklin Cum

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Alma Sommers

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

16. (a) Informant Ernest Canady

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Stanley & Gibson

(b) Address Carrollton Mo.

19. (a) 7/24/46 (b) Ms Herbert Calvert
(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 J. M. Attwood M.D. (or other)

Address Carrollton, Mo Date signed 7-24-46

RECEIVED

District Health Officer No. . . .

District File Number

Date Filed 8-10-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton 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.