

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12284

State File No.

Registrar's No.

FILED APR 1 1947

Registration District No.

Primary Registration District No.

6274

19

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Small middle town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 yrs years, months or days

3. (a) PRINT FULL NAME ANN MARIA CANONI

3. (b) If veteran, \_\_\_\_\_ name war. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced unmarried  
6. (b) Name of husband or wife A.P. Canoni  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 21 1852 (Month) (Day) (Year)

8. AGE: Years 95 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Georgia (City, town, or county) State of Georgia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business:

12. Name John Payton  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Mathews  
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Patsie Mathews  
(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1947 (Month) (Day) (Year)

- (c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director J. H. C. Dingley

- (b) Address Grant City, Mo.

19. (a) Mar. 17 1947 (Date received local registrar) (b) John E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County North  
(c) City or town Small middle town (If outside city or town limits, write "RURAL")  
(d) Street No. Grant City, Mo. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-3 to 3-12, 1947.  
that I last saw her alive on 3-11, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Influenza

Duration

10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

- Other conditions Myocardial infarction (Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

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?

While at work? no (Specify type of place) (e) Means of injury 0

23. Signature J. H. C. Dingley (M.D. or other) 0  
Address Grant City, Mo. Date signed 3-12-47

(Licensed Embalmer's Statement on Reverse Side)

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

**DISTRICT HEALTH OFFICE**  
Cameron, Mo.

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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.....

*Arch C. Dumble*

Licensed Embalmer No. *3252*

P. O. Address.....

*Grant City, 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.**