

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18155

FILED JUN 11 1947
Registration District No. 218

State File No. _____

Primary Registration District No. 5776

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural Washington Township
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Sturdy 40
(c) City or town Spickard
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 2
1945 to May 21 1947;
that I last saw her alive on May 21 1947;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Susan Emma Canady
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

Immediate cause of death
Myocarditis 3 mo
Due to Congestive Heart Failure 3 mo
Due to _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Canady 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Mercer Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Elias Norris
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Yates
15. Birthplace Mercer Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Canady
(b) Address Spickard MO

17. (a) Rural (b) Date thereof May 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem Mercer Co MO.

18. (a) Signature of funeral director Schaefer Funeral Home
(b) Address Spickard MO.

19. (a) 5/28/47 (b) M. J. Rice
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations AK
Of autopsy _____
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? _____ (Specify type of place)
(e) Means of injury 5

23. Signature J. Nelson Lambert (M. D. or other) MD
Address Spickard, Mo Date signed 5/27/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address..... *Spickard 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.