

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20857

State File No. 2659

Registration District No. 197

Primary Registration District No. 1002

Registrar's No.

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: 4131 E 6th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years
(Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4131 E 6th 8
(If rural, give location)

(e) Citizen of foreign country? unknown 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH CATHRINE CANNON

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex fe 5. Color or race white 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Wm Henry Cannon 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 14 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Whitters

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

14. Maiden name MacDonald

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

16. (a) Informant Mrs. Ray Horn

(b) Address Chickasha Okla.

17. (a) Burial (b) Date thereof 6-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director C.H. Blackman & Son Inc.

(b) Address 2825 Independence Blvd.

19. (a) 6-20-47 (b) St. Germaine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 2 1947, to June 19 1947 that I last saw her alive on June 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Asthenic Sclerosis 3 years
Chronic Myocarditis 2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations

Of autopsy

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)

(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? (Specify type of place) (e) Means of injury

23. Signature St. Germaine Holmes (M. D. or other) 918

Address 103 N. Elmwood Date signed 6/22/47

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

MOTHER FATHER

Dr. Rose
21. John Elmwood
Box 4191

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 C. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas 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.