V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26328

FILED JUL 23 1947

Registration District No. 2197

Primary Registration District No. 6076

Registrar's No. 1534

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6/11/47 (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Annada
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CANADY, Charles B.
3. (b) If veteran, name war World 2
3. (c) Social Security No. 480077651
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Loretta
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 16, 1907 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	2	28	hr. min.

9. Birthplace Eolia, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business

FATHER
12. Name John T. Canady
13. Birthplace Bedford Co., Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Campbell
15. Birthplace Pike County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd. Louis
19. (a) 7-17-47 (Date received local registrar) (b) Carl A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 11, 1947, 19..., to July 14, 1947; that I last saw him alive on July 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of body of pancreas with metastasis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy Autopsy performed (See Cause of Death)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 L. E. Stilwell (M. D. or other)
Address VAH, Jeff. Barracks, Mo. Date signed 7/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address _____

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.