

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30647

Registration District No. 55

Primary Registration District No. 5790

Registrar's No. 232

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Carrollton Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

(d) Street No. 3 miles N.E. of Carrollton Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WINNIE R. CANADAY

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1947 hour 1 minute 50 P.M.

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

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M O 5. Color W race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. O. Canaday 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16 1876
(Month) (Day) (Year)

Immediate cause of death Embolic stroke Duration 1 day

Due to Coronary occlusion acute stroke 3 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

71 5 18 hr. min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business

12. Name A. W. Walker

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

14. Maiden name Susan Campbell

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

16. (a) Informant Mrs. Charles Grafam

(b) Address Carrollton Mo.

17. (a) Cremation (b) Date thereof 9-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. W. Newcomer's Sons, St. C. Mo.

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

(b) Address Carrollton Mo.

19. (a) 9/4/47 (b) Mr. Herbert Cabot
(Date received local registrar) (Registrar's signature)

Major findings: 94A

Of operations _____

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) (2) Means of injury _____

23. Signature Everett P. ... (M.D. or other)

Address Carrollton Mo. Date signed 9-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

17
00

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-18-47

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.