S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34836

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 157

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

1. PLACE OF DEATH:
(a) County Jasper Canton
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 228 East Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 228 E Main
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lea Ann Canton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 29 (Day) 1946 (Year)

8. AGE: Years 1 Months 0 Days 21 If less than one day hr. min.

9. Birthplace St Johns Hospital Joplin Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Delbert Canton
13. Birthplace Humansville Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Roderique
15. Birthplace Webb City Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Delbert Canton (father)
(b) Address 228 E. Main Carterville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City Mo.
19. (a) OCT 22; 47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1947 hour 12 minute 10 A M.

21. I hereby certify that I attended the deceased from Oct 20, 1946 to Oct 20, 1947
that I last saw her alive on Oct 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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 Ernest Mitchell (M. D. ~~or other~~)
Address Joplin Mo Date signed 10-21-47

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

47-10-805

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 Leonard J. Lewis Jr. Registered Apprentice No. 46, working under my personal supervision.

Signed W. Hedge E

Licensed Embalmer No. 2859

P. O. Address Steubenville

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.