S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 17 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42027

Registration District No. 15

Primary Registration District No. 5573

Registrar's No. 202

1. PLACE OF DEATH:

(a) County JACKSON Sui-a-Bar-a-wp

(b) City or town R.R. #1 GRAINVALLEY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #1 GRAINVALLEY
(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 MISSOURI (b) County JACKSON 48

(c) City or town R.R. #1 Grainvalley 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 Grainvalley 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME FRED NOBLE CANNADY

3. (b) If veteran, name war ——

3. (c) Social Security No. 486-09-1269

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ANNA M.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased NOVEMBER (Month) 27 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	7	..... hr. ..... min.

9. Birthplace BLUE MOUND (City, town, or county) KANS. (State or foreign country)

10. Usual occupation RETIRED Carpenter

11. Industry or business Kellog Const. Co

FATHER
12. Name A.B. CANNADY
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name MAMIE Buster
15. Birthplace ..... (City, town, or county) Ind. (State or foreign country)

16. (a) Informant MRS. R.F. MASON
(b) Address Grainvalley R.R. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H. Blackman & Son
(b) Address Kansas City, Mo

19. (a) 12-5-47 (Date received local registrar) (b) Donald C. Eamshaw (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 47 hour 6 minute 20A M.

21. I hereby certify that I attended the deceased from Feb ....., 1947 to Dec 4, 1947
that I last saw him alive on Oct 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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 0

23. Signature M. R. Bay (M. D. ~~or other~~)
Address Blue Springs, Mo Date signed 12-5-47

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 O 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.