

7. S. No. 2
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Rev. 5-17-39
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1932

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

FILED JAN 13 1948
Registration District No. 275

Primary Registration District No. 5942

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla...Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway 66..4 Miles East of Rolla
(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)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town St. James...Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Light Star Route
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph E. Canfield

3. (b) If veteran, name war x

3. (c) Social Security No. 497-05-6614

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1948 hour Appx. 12 minute 45PM M.

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

4. Sex Male 5. Color or race Wh.

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

6. (b) Name of husband or wife May Canfield

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 9, 1891
(Month) (Day) (Year)

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

Immediate cause of death Coronary Occlusion.
(Passed away while driving car on Highway 66 approx. four miles east of Rolla).

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer...Plumber

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? _____

11. Industry or business _____

12. Name John Canfield

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

14. Maiden name Lois MONTGOMERY

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. May Canfield

(b) Address Light Star Rt. St. James Mo.

17. (a) Removal (b) Date thereof Jan. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park. St. Louis Mo.

18. (a) Signature of funeral director Null & Son F. H.

(b) Address Rolla, Missouri

19. (a) 1-10-48 (b) Nadine L. Stoeck
(Date received local registrar) (Registrar's signature)

23. Signature R. S. L. V. Null
(Name of other)

Address Rolla Mo. Date signed 1-8-48

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.....

Paul E. Null....., Registered Apprentice No. 428
working under my personal supervision.

Signed.....

P. E. Null

Licensed Embalmer No. 3397

P. O. Address Roller vva,

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.