FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4496
State File No.
Primary Registration District No. 2000
Registrar's No. 168

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MISSOURI STATE PYTHIAN HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 MONTHS (Specify whether years, months or days)
In this community: 3 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: GREENE
(c) City or town: SPRINGFIELD (If outside city or town limits, write "RURAL")
(d) Street No.: 629 S. CAMPBELL (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES C. CANFIELD
3. (b) If veteran, name war: NONE
3. (c) Social Security No.:
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: UNKNOWN
6. (c) Age of husband or wife if alive: DECEASED years
7. Birth date of deceased: NOVEMBER (Month) 6 (Day) 1859 (Year)

8. AGE: Years 88 | Months 3 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: LOCKPORT (City, town, or county) NEW YORK (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business: PAINTER AND DECORATOR
MOTHER FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: EUGENE WAKEMAN
(b) Address: PYTHIAN HOME
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: HAZELWOOD
18. (a) Signature of funeral director: FRED C. THIEME
(b) Address: SPRINGFIELD, MISSOURI
19. (a) 2/20/1948 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEBRUARY day 20TH year 1948 hour 5:35 minute A.M.
21. I hereby certify that I attended the deceased from Feb 16, 1948 to Feb 20 1948; that I last saw him alive on Feb 16 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	years
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: Wm R Bestes (M. D. ~~or other~~)
Address: 530 Medical Bldg Date signed: 2/20/48

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

APR 12 1944

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 Ralph K. Thieme

Licensed-Embalmer No. 3681

P. O. Address Springfield Missouri

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.