

FILED JUN 26 1948

Registration District No. 1

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2230 South 6th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether Life Time)
In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2230 South 6th. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Reva Cannon

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Cannon
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 5 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>12</u>	hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Lloyd Sybil

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

14. Maiden name Marie Snyder

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

16. (a) Informant William Cannon

(b) Address 2230 So. 6th. St., St. Joseph, Mo

17. (a) Burial (b) Date thereof 6/21/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun, St. Joseph, Missouri

19. (a) 6-25-48 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17,
year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec. 15,
1947, to June 17, 1948;
or alive on June 13, 1948;
that I last saw h. _____ alive on _____, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death generalized carcinoma
Duration 2 Mo.

Due to Carcinoma of uterus.

Due to _____

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

Major findings: _____
Of operations H&P
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? h

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address 420 N. 8th St Date signed 6-18-48

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

MOTHER, FATHER

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~~

working under my personal supervision.

Registered Apprentice No.

Signed

Raymond H. Marsh

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.