

FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20431

Registration District No. 291

Primary Registration District No. 5989

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Putnam
 (b) City or town Rural, Grant Tmp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Livonia, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community four months
 years, months or days)

3. (a) PRINT FULL NAME Mary Louisa Cannon

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color of hair B 5. Color of eyes B
 4. Sex F 5. Face W 6. (a) Single, widowed, married,
 divorced W 2

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

7. Birth date of deceased January 12, 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Homework

11. Industry or business _____

12. Name Charles Lewis Morsett

13. Birthplace France 5
 (City, town, or county) (State or foreign country)

14. Maiden name Thillon Goodwater
 (City, town, or county) (State or foreign country)

15. Birthplace Canada 2
 (City, town, or county) (State or foreign country)

16. (a) Informant Chas Cannon

(b) Address Livonia, Missouri

17. (a) R. (b) Date thereof July 2, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creighton Neb.

18. (a) Signature of funeral director W. D. Duster Dan

(b) Address Unionville, Mo.

19. (a) 7-10-48 (b) Marvella Durbin
 (Date received local registrar) (Registrar's signature) 7/10/48

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 96
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Livonia, Mo. 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
 year 1948 hour 3 minute P.

21. I hereby certify that I attended the deceased from
June 25 1948 to June 25 1948;
 that I last saw her alive on June 25 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to Senility

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

Major findings:
 Of operations 83A

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 _____

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? _____ (c) Means of injury _____ 2

23. Signature R. E. Vaughn (M. D. or other) D.O.

Address Livonia, Mo. Date signed 7/11/48

RECEIVED

District Health Officer No. 20

District File Number 7-4-123

Date Filed JUL 13 1940

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 J. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.