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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26965

Registration District No. 193 Primary Registration District No. 4306 709 Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County McDonald
(b) City or town Rural Goodman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Co. line on highway 71
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County McDonald 60
(c) City or town Rural Goodman 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. On Co. line on highway 71 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Friend Canfield
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan E. Canfield
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 14 (Month) 4 (Day) 1875 (Year)

8. AGE: Years 73 Months 1 Days ~~24~~ 14 If less than one day hr. min.

9. Birthplace Parma (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Edward Canfield
13. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)
14. Maiden name Howe
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Susan E. Canfield
(b) Address Goodman, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson, Mo.
18. (a) Signature of funeral director John B. Pafiniau
(b) Address Goodman, Missouri
19. (a) Aug 15/48 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MOTHER FATHER

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 28
year 1948 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1 APRIL, 1948, to 28 MAY, 1948;
that I last saw him alive on 27 MAY, 1948;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| CHRONIC BRONCHIECTASIS | 5 YEARS |
| CHRONIC MYOCARDITIS | 1 YEAR |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 93 P

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. Taylor (M. D. or other) MD
Address Neosho Mo Date signed 29 May 48

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1950

## 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 John B. Pasineau

Licensed Embalmer No. 4446

P. O. Address Goodman, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

State of Arizona
County of Maricopa } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 26965-48
Local Registrar's No. —

On this 3rd day of Jan, 1950, before me appears Raymond Canfield, who, upon his oath, states that the original record of ~~birth~~ death for Ernest F. Canfield, ~~born~~ died May 28, 1948 in the State of Missouri, and which was filed at Jeff City Mo on Sept 10, 1948 should be corrected as follows:

Item No. ..... should read .....
Instead of .....

Item No. 8 should read April 14 1875
Instead of April 4 1875

Item No. 9 should read 73 — 1 — 14
Instead of 73 — 1 — 24

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Raymond Canfield, Son
Relationship.

2123 W. Monroe
Present Address.

Subscribed and sworn to before me this 3rd day of Jan., 1950

My Commission expires My Commission Expires April 12, 1952 Jacob F. Klein Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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