

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4691

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>	c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow 0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (First) <u>Joseph</u> (Type or Print)		b. (Middle) <u>—</u>	c. (Last) <u>Kaneer</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 14, 1869</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Kaneer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Walden</u>	14. NAME OF HUSBAND OR WIFE <u>Nadine Maddox</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Poe Glasgow, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> ANTECEDENT CAUSES. Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June, 1945</u> to <u>Feb 17, 1950</u> , that I last saw the deceased alive on <u>Feb 17, 1950</u> , and that death occurred at <u>11:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James E. Lamb</u> (Degree or title)		23b. ADDRESS <u>Glasgow, Mo</u>	23c. DATE SIGNED <u>2-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow, Missouri</u>
DATE REC'D BY LOCAL REG <u>Feb. 18 1950</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>410 Audsley</u>	ADDRESS <u>Tremont Glasgow Mo</u>

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-8-50

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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed



Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo.

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.