

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39084

Registration District No. 477

FILED DEC 11 1940

Registration District No. 4286

Registrar's No. 50

1. PLACE OF DEATH:

(a) County LeWiss  
(b) City or town Canton MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether  
In this community 5 months  
years, months or days)

3. (a) PRINT FULL NAME CLAUD Andrew Condit

3. (b) If veteran, name war None 3. (c) Social Security No. 701-12-0824

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 7 25 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 25 If less than one day hr. — min.

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

10. Usual occupation Mr Chief Great Northern

11. Industry or business Telegraphy

12. Name Lustin Condit

13. Birthplace Kouvoe Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Walter E Bolser

15. Birthplace Cynthiana Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs J B Sisk

(b) Address Canton MO

17. (a) Burial (b) Date thereof Oct 5 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton MO

18. (a) Signature of funeral director F S Kelly

(b) Address Canton MO

19. (a) Oct 7, 1940 (b) P. W. Jennings, M.D.  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County Adams (Name)  
(c) City or town Seattle  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4105 Brooklyn Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1940 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from May 17  
1940, to Oct. 2, 1940  
that I last saw him alive on Oct. 2-1940, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of abdomen 2 yrs.

Due to \_\_\_\_\_  
Due to 57

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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?  
OSI  
(Specify type of place) While at work? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature P. W. Jennings (M. D. or other) M.D.  
Address Canton MO Date signed 10-7-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  
*W. S. Kelly*....., Registered Apprentice No. *1958*

working under my personal supervision.

Signed.....  
*W. S. Kelly*.....  
Licensed Embalmer No. *1955*  
P. O. Address *Canton, MD*

**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, above space should be left blank.**