

FILED MAY 13 1942

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton mo city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Clinic**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)
In this community **all life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry** **42**
(c) City or town **Clinton mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **North Washington**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CARTER C. CANNAN**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **Sarah** 6. (c) Age of husband or wife if alive **18 7/4** years
7. Birth date of deceased **April 12 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **11** Days **22** If less than one day hr. min.

9. Birthplace **Montrasse Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Mail Clerk + Carrier**
12. Name **Eberminer D. Cannan**
13. Birthplace **Belle Point Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen W. Wheeler**
15. Birthplace **Platte Co Mo 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Leo Fellhauer**
(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **4-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Charles W. Beck**
(b) Address **Clinton Mo**

19. (a) **April 7, 1942** (b) **Georgia Kitchener**
(Date received local registrar) (Registrar's signature) **G.K.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **4**
year **1942** hour **8** minute **30 p.** M.

21. I hereby certify that I attended the deceased from **Dec 19 1938**, to **4-4 1942**
that I last saw him alive on **4-4**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** **3 days**
Due to **Cerebral Hemorrhage** **2 years**
Due to **Hypertension** **4 years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

While at work (Specify type of place) (c) Means of injury
23. Signature **Eugene D. Neirke** (M. D. or other) **M.D.**
Address **Clinton Mo** Date signed **4-6-42**

1069

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 5-42-465

Date Filed 5-6-43

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. E. Corisole

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo.

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

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

ABLLA
1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14429

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Carter C Cannon
3. (b) If veteran, name war 3. (c) Social Security No.

20. DATE OF DEATH: Month April, Day 12, Year 1942, hour, minute, M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April 12, 1874 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him/her alive on 19... and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 67, Months 11, Days 13, If less than one day min.
9. Birthplace (City, town, or county) (State or foreign country)

Due to Chronic Nephritis 14 yr.
Due to Cerebral Hemorrhage 2 yrs.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1318
Of autopsy

10. Usual occupation
11. Industry of business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant (b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director (b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

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?
While at work (Specify type of work) (e) Means of injury
23. Signature of Registrar (Date signed 5-30-42)

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

SUPPLEMENTARY

MOTHER FATHER

1961-12-27 (88)