LEGD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5240
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1092 Registered No. 439
(c) City Kansas City (d) Street No. Research Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 53 Canady, Montie Faye
(a) Residence, No. 1612 So Evergreen St. Chanute, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23-1925
7. AGE YEARS 13 MONTHS 4 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chanute Kansas

FATHER
13. NAME Clarence Paul Canady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elk City Oklahoma

MOTHER
15. MAIDEN NAME Ethel Maud Just
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chanute Kansas

17. INFORMANT (ADDRESS) Clarence Paul Canady Chanute, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Chanute, Kansas DATE Feb. 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gibson & Son Kansas City, Kansas
20. FILED 2/2 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1939, to Jan. 30, 1939
I last saw her alive on Jan. 30, 1939. Death is said to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Malignant, in Left Lateral Ventricle, Basal Ganglia on Left, Corpus Callosum 53	July 1938
Other contributory causes of importance: Massive Atelectasis, Right Lower Lobe of Lung	Jan 29/39

Name of operation ① Ventriculogram ② Left Frontal Craniotomy Date of operation Jan 28/39
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Donald F. Coburn, M. D.
(Address) 1103 Grand Ave Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.