

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12582

State File No. \_\_\_\_\_

Registration District No. 821

Primary Registration District No. 4503

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Earnest Cannon Scott  
 (b) City or town Sikeston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 33 years  
 years, months or days)

3. (a) PRINT FULL NAME Earnest Cannon 550

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ersell Cannon 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased 7 1 06  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>33</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Portageville Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business \_\_\_\_\_

12. Name Zoma Cannon  
 18. Birthplace Clinton Ky  
 (City, town, or county) (State or foreign country)

14. Maiden name Zora Greenlee  
 15. Birthplace Eddyville Ky  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Talton Cannon  
 (b) Address Matthews Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Alenton  
 (b) Address Sikeston Mo.

19. (a) 4-5-1948 (b) John Alenton  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
 (c) City or town Sikeston Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
 year 1940 hour 9 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 3-20  
 \_\_\_\_\_, 1940 to 3-20, 1940

that I last saw him alive on 3-20, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cordeal Valvular Disease  
 Duration 7

Due to Don't know

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

Other conditions Chl. Bronchial Pathosis  
 (Include pregnancy within 3 months of death)

Major findings: 92 W  
 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) (e) Means of injury \_\_\_\_\_

23. Signature James A. M. Cluse (Seal-D. or other) \_\_\_\_\_  
 Address Sikeston, Mo. Date signed 3/23/40

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 440-9

Date Filed 4/8/4

**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 me

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

Signed John Alcutson  
Licensed Embalmer No. 2941  
P. O. Address Sikes ton n

**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.**