

AUG 14 1940
1939

1002

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution on the way
(Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME Dan Cannon 5570

8. (b) If veteran, name war no 3. (c) Social Security No. 495-05-716

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 27, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Pope Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Apartment Building

12. Name Tom Cannon

13. Birthplace Chattanooga Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Walker

15. Birthplace Washington Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant A M Cannon

(b) Address 1942 Hallock

17. (a) Burial (b) Date thereof 7-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director J. W. Thatcher

(b) Address 1520 N. 5th Street

19. (a) July 9, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 W. 43rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 7-6-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10-10, 19____, to 10-6, 19____;
that I have given on _____, 19____,
the cause of death occurred on the date and hour stated above.
Immediate cause of death: _____
Duration _____

Acute pulmonary edema
Dyspnoea & Edematous of heart
Chronic aortic Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death) 34

Major findings: _____
Of operations _____

Of autopsy: _____

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 5

23. Signature W. C. Brown (M. D. or other) _____
Address W. C. Brown Date signed _____

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

MOTHER FATHER

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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

E. Sterling Billo

Licensed Embalmer No.

3178

P. O. Address

1811 E. 12th St. A

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.