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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **24978**

Registration District No. **215**

Primary Registration District No. **5295**

Registrar's No. **9**

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

1. PLACE OF DEATH:
 (a) County Cole *Liberton Mo*
 (b) City or town Osage City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No Street Number
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Col
 (c) City or town Osage City 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.

3. (a) PRINT FULL NAME Ben Burke Canterbury 536
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
 year 1946 hour 12:00 minute 2 M.
21. I hereby certify that I attended the deceased from July 29
1946, to July 31, 1946
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced _____ Widower
 6. (b) Name of husband or wife _____ years
Mrs. Fannie E. Canterbury
 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased: December 7 1857
(Month) (Day) (Year)

Immediate cause of death Uremia
 Due to Chromophytes
 Due to _____
 Other conditions _____
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
82 7 24 hr. _____ min. _____

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 10. Usual occupation Insurance and abstract

MOTHER FATHER
 11. Industry or business _____
 12. Name Frank Canterbury
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant D.B. Canterbury
 (b) Address Iola, Kansas
 17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Butler Mo

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? _____

18. (a) Signature of funeral director John G. Gordon
 (b) Address Jefferson City Mo
 19. (a) August 10 1946 (b) Jack M. Carter
(Date signed local registrar) (Registrar's signature)

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 While at work _____
(Specify type of place) (e) Means of injury
 23. Signature Paul D. Taylor (M. D. or other) MD
 Address Jefferson City Mo Date signed Aug 27 1946

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 *Thos J Gordon*

Licensed Embalmer No. *1786*

P. O. Address. *Jefferson City MO*

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.