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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41846

Registrar's No. 1288

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 West Kansas Ave. (If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 207 W. Kansas Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Norman Canterbury
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
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 Feb. 2, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 7 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Infant 1
11. Industry or business 0
FATHER
12. Name Oscar L. Canterbury
13. Birthplace Shaduck (City, town, or county) Oklahoma (State or foreign country)
MOTHER
14. Maiden name Frances Munden
15. Birthplace Trenton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Oscar L. Canterbury
(b) Address 207 W. Kansas Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Dec 9, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1940 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from 12-8, 1940, to 12-9, 1940; that I last saw him alive on 12-9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) no complications	

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? 85 (Specify type of place)
While at work? (e) Means of injury 3
23. Signature E. J. Gross DC (M. D. or other)
Address 5008 King Hill St. Joseph Date signed 12-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 Dec. 9, 19

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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

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