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JAN 20 1941

State File No. _____

Registration District No. 10762

Primary Registration District No. 5681

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Livingston
(b) ~~City or town~~ Rural Grand River Township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community all of life years, months or days) 2

3. (a) PRINT FULL NAME Thomas Miller Canning

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

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

6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive 63 years
Stella Canning January 28, 1873

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

8. AGE: Years 67 Months 10 Days 14 If less than one day hr. X min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ross Canning

13. Birthplace Tarentum Pa. (City, town, or county) (State or foreign country)

14. Maiden name Bell Miller

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

16. (a) Informant Mrs. T. M. Canning

(b) Address Hale Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avalon Cemetery

18. (a) Signature of funeral director Wm. G. Slater

(b) Address Hale Mo.

19. (a) Dec 14 1940 (b) Mrs. Chas. Ludwig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural, Grand River Township
(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 December day 12, year 1940 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 15, 1939, to Dec 12, 1940 that I last saw him alive on Dec 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina pectoris
Hypertension and
Chronic myocarditis

Other conditions (Include pregnancy within 3 months of death) 44 W

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) (2) Means of injury _____

23. Signature W. B. Beaman (M. D. or other) 12/14/40
Address Chillicothe Mo. Date signed _____

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

MOTHER FATHER

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

James E. Slater

Licensed Embalmer No. *939*

P. O. Address

146 No.

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, fact should be so stated above.