No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2055

State File No. 1

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital (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 New Madrid
(c) City or town Parma 72 (If outside city or town limits, write "RURAL")
(d) Street No. 5 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years. 0

3. (a) PRINT FULL NAME Baby Cannon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 - 8 - 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 2 min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Sam Cannon
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Chapman
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Father
(b) Address Parma Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 1 - 8 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation Parma Mo
18. (a) Signature of funeral director Sam Cannon
(b) Address Parma Mo
19. (a) 1 - 8 - 41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/8 day
year 1941 hour 6 minute 02 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h 14 alive on 1 - 8 , 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Premature
Due to (8 mo Fetus)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Cape Girardeau Date signed 1/8/41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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