

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7507

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 1076
 (b) Township Grandriver, Primary Registration District No. 5681 Registered No. 9
 (c) City Avalon - R#. (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LULU G. CANNING.
 (a) Residence, No. Avalon mo Rural (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word). Widowed, 2.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Canning,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 23.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Livingston County
 (STATE OR COUNTRY) Missouri.

FATHER
 13. NAME Samuel Grey,

14. BIRTHPLACE (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Margaret Montgomery,

16. BIRTHPLACE (CITY OR TOWN) Penn.
 (STATE OR COUNTRY)

17. INFORMANT Mr Harry B. Grey,
 (ADDRESS) Avalon, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Avalon, DATE 2/25/1941.

19. FUNERAL DIRECTOR (NAME) Clifford W. Austin,
 (ADDRESS) Tina, Missouri.

20. FILED Feb 24 1941 Mrs. Chas. Ludwig
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd 1941.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Feb. 23, 1941
 I last saw him alive on Feb. 22, 1941 Death is said to have occurred on the date stated above, at 7:pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 5 yrs ago

Other contributory causes of importance: 92H

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) A. Callen P.M. D.
 (Address) Chillicothe mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2.
504-9-19-38
I X16805

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Clifford W. Austin,

....., Registered Apprentice No.

working under my personal supervision.

Signed,

Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address. Tina, Missouri.

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.