

FILLED NOV 21 1941

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

36340/10
Do not use this space.

1. PLACE OF DEATH
 (a) County Texas Registration District No. 862
 (b) Township Burdick Primary Registration District No. 6135422 Registered No. 0
 (c) City Cabool (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Orvel Cannaday
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Social Sec. no. 493
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1877
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 9 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc. Decorator
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Stanton Green Cannaday
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 MOTHER 15. MAIDEN NAME Nannie Jadwin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Hugh Cannaday (ADDRESS) Cabool
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Oct 7 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Cabool Mo
 20. FILED Oct 6 1941 Mrs. Cloris Cunningham (Address) Cabool Mo
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1941
 22. I HEREBY CERTIFY, That I attended deceased from 16-4927 Jan 1 1940 to Oct 6 1941
 I last saw him alive on Oct 6 1941 Death is said to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were as follows:
occlusion of Stomach Date of onset 1939
 Other contributory causes of importance: 46 R
 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) Wm Edens M. D.
Cabool Mo

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.

RECEIVED

District Health Officer No. 5,

District File No. 1141-2059

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.