

S. No. 2  
1-1.4-41  
5-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6891

State File No. \_\_\_\_\_  
Registrar's No. 28

Registration District No. 411

Primary Registration District No. 2002

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Great Northern Hotel  
(d) Length of stay: In hospital or institution 65 Years  
In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. Great Northern Hotel  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS CANNON  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 13  
year 1942 hour 9:16 minute 4 A.M.  
21. I hereby certify that I attended the deceased from Jan 1, 1939 to Feb 13, 1942  
that I last saw him alive on Feb 13, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rachael Cannon  
6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased April 25, 1853

Immediate cause of death  
Chronic arteriosclerosis  
Due to 88 yrs of age  
Other conditions  
Major findings:  
Of operations  
Of autopsy

8. AGE: Years 88 Months 9 Days 19  
If less than one day hr. min.

9. Birthplace Taseville, Tenn.

10. Usual occupation Formerly employed by  
11. Industry or business Eagle-Picher Lead Co.

12. Name William Cannon  
13. Birthplace Taseville, Tenn.

14. Maiden name Frances McNealence  
15. Birthplace Taseville, Tenn.

16. (a) Informant David Cannon

(b) Address 201 W. 88th. Apt 3B, N.Y.C., N.Y.

17. (a) Burial (b) Date thereof Feb. 16, 1942  
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort.  
(b) Address Joplin, Missouri

19. (a) 2-16-42 (b) Husband Schuchetter  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature W. B. Chapman (M. D. or other) M.D.  
Address Joplin, Mo. Date signed 2-15-42

MOTHER FATHER

42.2-172

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**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..... *Don Tetrick* .....

Licensed Embalmer No. *4008* .....

P. O. Address *Joplin, Mo* .....

**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.**