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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29669

FILED OCT 1 1942

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Quire trap Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 10 MILES S.E. of VANDALIA
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Quire trap RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 10 MILES S.E. of VANDALIA
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Joseph Thomas Canter

3. (b) If veteran, name war _____ 3. (c) Social Security No. OAG 70-82-235

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife AMELIA CANTER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 2 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 1 13 hr. min.

9. Birthplace Spencerburg Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name John Canter

13. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Cox

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

16. (a) Informant Mrs Edd Collins

(b) Address Vandalia Missouri

17. (a) BURIAL (b) Date thereof Sept 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kilby Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address Wellsville Missouri

19. (a) Sept 15 1942 (b) Mallie Fugua
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1942 hour 8 minute 35 A M.

21. I hereby certify that I attended the deceased from Sept 14 1942 to Sept 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to Chronic Myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death) 131a

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)

(e) Means of injury _____

23. Signature A. ... (M. D. or other) M.D.

Address Middleton Mo Date signed 9-15-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

OCT 16 1942

RECEIVED

District Health Officer No. 10

District File Number 7-72-1775

Date Filed SEP 30 1942

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 *[Signature]*

Licensed Embalmer No. 3059

P. O. Address Wellsville N

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.