

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Children's Mercy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Donald Ray Canfield

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 4-26-29
(Month) (Day) (Year)

8. AGE: Years 14 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business "

12. Name Clarence C. Canfield

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Nathelia Mc. Killip

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

16. (a) Informant Clarence Canfield

(b) Address Bates City, Missouri

17. (a) Burial (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington, K.C. Mo.

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St. K.C. Mo.

19. (a) 5-23-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 4:40 minute PM

21. I hereby certify that I attended the deceased from April 4, 1943, to May 22, 1943;
that I last saw him alive on May 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Post mortem

throat, septicemic purpura

Due to severe anemia

petechial hemorrhage

Due to skin, G-V tract

subpericardial

Other conditions in kidneys
(Include pregnancy within 3 months of death)

Major findings: Infection of lungs

Of operations 1. bronchopneumonia

Of autopsy Hydropericardium
Ascites

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature John H. Jackson (M. D. or other)

Address Mary Hospital Date signed 5-22-43

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 *John P. Camp*
Licensed Embalmer No. *2955*
P. O. Address *K.C. 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.