

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10427  
Registrar's No. 293

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 5 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Iowa (b) County Ringgold 999  
(c) City or town "Rural" 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 miles S.W. Diagonal, Iowa  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME CATHERINE M. CANNY  
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22  
year 1944 hour 5 minute 20A M.  
21. I hereby certify that I attended the deceased from  
March 19, 1944, to March 21, 1944  
that I last saw h. alive on March 21, 1944  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, 2 divorced widow  
6. (b) Name of husband or wife William Canny  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct. 16 1878  
(Month) (Day) (Year)

Immediate cause of death  
Intestinal obstruction  
due to enterolith 7-13-44 Duration  
Due to arteriosclerosis cerebral  
Due to myocardial insufficiency  
Other conditions poorly decompensated  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
65 5 6 hr. min.

9. Birthplace Taylor county Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Michael Hannon  
13. Birthplace Carey county Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dale  
15. Birthplace Decatur county Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Canny  
(b) Address Diagonal, Iowa  
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/ 22/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Ayre; Iowa  
18. (a) Signature of funeral director Heaton Behal  
(b) Address 319 South 10th Henry  
19. (a) 3/22/44 (Date received local registrar) (b) Rose Helzog (Registrar's signature)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy 12 28 2  
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) (c) Means of injury 0  
23. Signature L. B. Lenoir M.D. (M. D. or other)  
Address St. Joseph, Mo Date signed 3-26-44

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

1233

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl Amos

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 *Frank A. Brown*

Licensed Embalmer No. *1710*

P. O. Address *St Joseph 70*

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.