

FILED MAY 5 1944

Registration District No. 5744

Primary Registration District No. 3012

Registrar's No. 666

1. PLACE OF DEATH:

(a) County Clay County

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

(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴

(c) City or town Excelsior Springs Missouri ³
(If outside city or town limits, write "RURAL")

(d) Street No. 3809 Bell Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Robert F. Canaday

3. (b) If veteran, name war. No

3. (c) Social Security No.

4. Sex Male

5. Color or face White

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

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

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Oct 3 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	6	20	hr. min.

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

10. Usual occupation Filling Station Operator

11. Industry or business

12. Name Alvin E. Canaday

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

14. Maiden name Helen Minter

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

16. (a) Informant Church-Archer Funeral Home

(b) Address Liberty Missouri

17. (a) Burial Liberty Missouri (b) Date thereof 4-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Missouri

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Spgs Missouri

19. (a) 4-26-44 Miss Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 11:30 minute 9 M.

21. I hereby certify that I attended the deceased from April 23 1944 to April 23 1944, 19... to ... 19...;

that I last saw deceased alive on April 23 1944, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Accident
Result of Rock Island train on crossing at Mosby Mo.
Due to a collision between a train & automobile

Due to Other conditions
(Include pregnancy within 3 months of death)

Major findings: Overdose
Of operations 1700

Of autopsy 23

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) accident 24

(b) Date of occurrence 4-23-1944

(c) Where did injury occur? Mosby Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
RR Crossing Mosby Mo.

While at work? 1 (Specify type of place) (e) Means of injury 3

23. Signature RW Priddy (M. D. or other) 3
Address Excelsior Springs Mo. Date signed 4-28

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

MOTHER FATHER

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-4-48

MAY 1948

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 *Jas G. Moles*

Licensed Embalmer No. 3296

P. O. Address Excelsior Spgs 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.