

FILED MAY 14 1945

Registration District No. 335

Primary Registration District No. 6118

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural Sikeston 9 hrs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 miles northwest Oran, Mo.
(If not in hospital or institution, write street number or location)

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

In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott ¹⁰⁰

(c) City or town Rural Route 1 Oran, Mo. ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles northwest Oran, Mo.
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Marshall Lafayette Canada

3. (b) If veteran, name war None 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 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 January 21 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>20</u>hr.min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Olan Tate

(b) Address El Reno, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Sikeston, Mo.

19. (a) 6-1-45 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1945 hour..... minute..... M.

21. I hereby certify that I Made formal investigation to 3-15-45 that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Decapitated by an Explosion

Due to Dynamiting Stumps

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 1945

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ¹⁶⁰

(b) Date of occurrence Possibly March 11, 1945

(c) Where did injury occur? St. 1 Oran Scott Mo. (City or town) (County) (State)

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

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

23. Signature Orville Taylor (M. D. or other) ³ Coroner

Address Sikeston, Mo. Date signed 3-16-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 545-69

Date Filed 5-2-45

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.

Body Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.