

FILED FEB 11 1948

State File No.

Registration District No. 170

Primary Registration District No. 5909

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Little Plains, Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville, "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

James Cannon

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July

(Month)

4

(Day)

1913

(Year)

8. AGE:

Years

Months

Days

If less than one day

32

6

23

ht.

min.

9. Birthplace Alltman

(City, town, or county)

Ark!

(State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business

12. Name Dave Cannon

13. Birthplace Starkville

(City, town, or county)

Miss!

(State or foreign country)

14. Maiden name Mrs. Malone

15. Birthplace Wabreaga

(City, town, or county)

Ark!

(State or foreign country)

16. (a) Informant Dave Cannon

(b) Address Brentley Ark

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1-26-46

(Month) (Day) (Year)

(c) Place: burial or cremation Brimley Ark

18. (a) Signature of funeral director La Forge Undertakers

(b) Address Caruthersville, Mo.

19. (a) 2-2-46

(Date received local registrar)

(b) Pessie B. Weeks

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1946 Hour 3 minute P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in left cheek of face

Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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) homicide

(b) Date of occurrence Jan. 27-46

(c) Where did injury occur? Pemiscot Miss

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? no

(Specify type of place)

(e) Means of injury gun shot

23. Signature Jack Kelly, coroner

(Name or other)

Address Wright Miss

Date signed 2-2-46

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

1-46-5

5881 E
FEB 2 1961

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.....

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.