

**FILED** APR 12 1946  
Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 60

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10  
2  
4  
7423

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Noyes Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)  
 In this community 16 Years

**3. (a) PRINT FULL NAME** FLOYD THOMAS CANOLE  
 (b) If veteran, name war None  
 (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 10 - 25 - 1929  
(Month) (Day) (Year)

8. AGE: Years 16 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Ronald Dean Canole  
 13. Birthplace Paris Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sadie Lee Pauley  
 15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ronald Dean Canole  
 (b) Address W. Ash St., Columbia, Mo.

17. (a) Burial (b) Date thereof 3-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
 (b) Address Columbia, Mo.

19. (a) 3-13-46 (b) Mrs R E Palmer  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. W. Ash St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Mar. day 10  
 year 1946 hour 8 minute 20 A. 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 Multiple injuries  
 Due to \_\_\_\_\_  
 Due to Automobile and moped collision  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

**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  
 (b) Date of occurrence Mar 9 - 1946  
 (c) Where did injury occur? Columbia Boone Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Street  
 While at work? No (Specify type of place) (c) Means of injury Coroner  
 23. Signature E. J. Ward  
 Address Columbia Mo Date signed 3/14/46

RECEIVED

District Health Officer No. 9,

District File Number: .....

Date Filed 4-11-46

APR 18 1946

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 Thomas L. Tasing

Licensed Embalmer No. 4132

P. O. Address Columbia 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.