

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40495

FILED DEC 19 1946

Registration District No.

Primary Registration District No.

1002

Registrar's No.

5047

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wheatley Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community 35 Years
 years, months or days)

3. (a) PRINT FULL NAME Ollie Mae Cannon3. (b) If veteran,
name war No3. (c) Social Security
No. 495-09-98784. Sex Female 5. Color or
race Negro 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Bart Cannon 6. (c) Age of husband or wife if
alive 49 years7. Birth date of deceased July 4, 1901
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
45 4 25 hr. min.9. Birthplace Denver, Colorado
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name John Wesley Henry13. Birthplace Leavenworth, Kansas
(City, town, or county) (State or foreign country)14. Maiden name Ethel Mae Hale15. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)16. (a) Informant Bart Cannon(b) Address 2412 E. 12th St.17. (a) Burial (b) Date thereof 12/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery(a) Signature of funeral director Watkins Bros.(b) Address 1929 Lydia Avenue19. (a) 12-2-46 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2412 E. 12th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1946 hour 9 minute 30 P.M.21. I hereby certify that I attended the decedent from Nov. 24 -
1946, 19 to Nov. 29 - 1946
that I last saw her alive on Nov. 29 - 1946
and that death occurred on the date and hour stated above.Immediate cause of death
Acute Coronary Artery
Failure
Due to Coronary Artery DiseaseOther conditions
(Include pregnancy within 3 months of death) NoneMajor findings:
Of operations NoneOf autopsy No

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) (e) Means of injury ()23. Signature [Signature] (M. D. or other) 1
Address 1830 Olive Date signed 12/2/46

*Dr. P. C. Jernigan
18th & Vine*

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 *J. Jerome Manlove*
.....
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.