

FILED MAR 12 1947

Registration District No. _____

Primary Registration District No. **5586**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **rural - Marion Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carthage Route 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **47 years**
years, months or days

3. (a) PRINT FULL NAME **James L. Canady**
3.-(b) If veteran name **World War I**
3. (c) Social Security No. **490-10-1798**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Irene Phillips Canady**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **May 11 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **16**
If less than one day hr. min.

9. Birthplace **Van Buren Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired ass't funeral dir**

11. Industry or business **Knell Mortuary**

MOTHER FATHER

12. Name **Charles Canady**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Irene Canady**

(b) Address **Route 4, Carthage, Mo.**

17. (a) **burial** (b) Date thereof **Mar 2, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **2-28-47** (b) **R. B. Clontz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Carthage Route 4**
(If rural, give location)
(e) Citizen of foreign country? **---** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27th**
year **1947** hour **12:15 noon**

21. I hereby certify that I attended the deceased from _____
Did not attend 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide**
Duration _____

Due to **shot self in chest with shot gun**

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

Major findings: Of operations _____

Of autopsy **164**
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) **Suicide**

(b) Date of occurrence **Feb 27th 1947**

(c) Where did injury occur? **Carthage, Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? **No** (e) Means of injury **shot gun**

23. Signature **D. W. Benfelt** (M. D. or other) **Do**

Address **2114 Joplin** Date signed **2/27/47**

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

47-2-164

MAR 25 1947

SEP 24 1947

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 Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.