S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5742

Registration District No. 279 Primary Registration District No. 5956 Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE COUNTY

(b) City or town RURAL-CALUMET
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike 82

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOU. CATHRINE CANADY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female /

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ dead John Canady

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

7. Birth date of deceased 1871 (Month) Ye. 28 (Day) Dec Mo ~~(Year)~~

8. AGE: Years 75 Months 1 Days 15 If less than one day hr. min. 0

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Edward Campbell /
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Swinney
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Bankhead Canady
(b) Address Annada, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2 (Month) 15 (Day) 47 (Year)
(c) Place: burial ~~or cremation~~ Clarksville

18. (a) Signature of funeral director Harry Carroll
(b) Address Clarksville

19. (a) Feb 22nd 47 (Date received local registrar) (b) Seda Rockard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 25th 19 47 to Feb 13th 19 47 that I last saw her alive on Feb 13th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency, Tricuspid Insufficiency

Due to Duration Several

Due to years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M.D. or other)

Address Paynesville Mo. Date signed 2-14-47

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(Licensed Embalmer's Statement on Reverse Side)

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~~ Feb. 13-194

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifton J. Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.