

Primary Registration District No. 6-9-61

1. PLACE OF DEATH  
(a) County Platte  
(b) City or town Beverly Mo.  
(c) Name of hospital or institution at home  
(d) Length of stay: In hospital or institution None  
In this community 78 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Platte  
(c) City or town Beverly  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Josephine Cannon  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 9  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female 5. Color White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wm. Cannon, Sr.  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Dec 22 - 1868

21. I hereby certify that I attended the deceased from Mar. 6, 1947 to March 8, 1947  
that I last saw her alive on March 8, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage  
Duration 3 days

8. AGE: Years 78 Months 2 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

9. Birthplace Farley Mo.  
10. Usual occupation housewife  
11. Industry or business farm home  
12. Name Collins Stokes  
13. Birthplace Don't know Va.  
14. Maiden name Wiley Carter  
15. Birthplace Don't know

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature R. J. Collins (M.D. or other) D.O.  
Address Weston, Mo. Date signed 3-10-47

16. (a) Informant Fred Cannon  
(b) Address RFD Parkville  
17. (a) burial (b) Date thereof Mar 10 - 47  
(c) Place: burial or cremation Sheney Cemetery Farley  
18. (a) Signature of funeral director Jeland H. Frazier  
(b) Address Parkville Mo.  
19. (a) Mar 20 - 47 (b) Wm. Ophia Rollin

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

MOTHER FATHER

*Dr. Fellwig*

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 ~~me~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Leland H. Francis*.....

Licensed Embalmer No. *3451*.....

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.**