

S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19977**
Registrar's No. **22**

Registration District No. **375**

Primary Registration District No. **4551**

1. PLACE OF DEATH:

(a) County **WRIGHT**
(b) City or town **HARTVILLE**
(If outside city or town limits, write "RURAL" and name of township)
AT HIS HOME IN HARTVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NONE**
(Specify whether
In this community **63 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Wright 114**
(c) City or town **Hartville, City.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1411**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ISAAC WOODSON CANNON**

3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **M. O** 5. Color of race **W.**
6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Ethel Cannon**
6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **2 25 1884**
(Month) (Day) (Year)

8. AGE: Years **63** Months **2** Days **28**
If less than one day hr. min.

9. Birthplace **Wright County Mo. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Elbert Cannon**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Elmer Cannon**

(b) Address **Hartville Mo.**

17. (a) **Burial** (b) Date thereof **5 26 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coon Creek Cem.**

18. (a) Signature of funeral director **Gene E. Hallam**

(b) Address **Hartville, Mo**

19. (a) **May 31, 1947** (b) **EB Cannon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **23**
year **1947** hour **11:00** minute **50** a.m.

21. I hereby certify that I attended the deceased from **3-10-47**
19. to **5-23** 19**47**

that I last saw him alive on **5-22** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy =** Duration **3-10-47**

Due to **Chronic nephritis, genu.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **OP**

Of autopsy

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 **2**

23. Signature **W. L. Worthington MD** (Physician or other)
Address **Hartville Mo** Date signed **5-24-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 647-623

Date Filed JUN 4 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 Gene E Holden

Licensed Embalmer No. 3865

P. O. Address Hasterville, 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.