. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38049

FILED NOV 29 1947

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 4832

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)
In this community 2 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2123 Prospect Ave 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joe N. Canady
3. (b) If veteran, name war World War #2
3. (c) Social Security No. 431-05-1525
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola Canady
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug. 3-1908 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
39	3	11	hr. min.

9. Birthplace Cleveland (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Automobile Mechanic
11. Industry or business
FATHER
12. Name Taulton Canady
13. Birthplace Greenville (City, town, or county) S.C (State or foreign country)
MOTHER
14. Maiden name Bessie Archie
15. Birthplace Greenville (City, town, or county) S.C (State or foreign country)
16. (a) Informant Viola Canady
(b) Address 2011 Brooklyn Ave
17. (a) Armour (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Leavenworth Kan.
18. (a) Signature of funeral director Fleet Appleton & Jones
(b) Address 1909 Vine St
19. (a) 11-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 14 year 1947 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from Deputy 19 to Coroner, 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Internal Hemorrhage	
Due to: Stab Wounds - Chest + Abdomen	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No - Permit -

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) Homicide
(b) Date of occurrence 11-14-47
(c) Where did injury occur? K.C. Jackson - Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kans 1711 - E - 18th Vacant Lot (Specify type of place)
While at work? no (e) Means of injury Stab Wounds
23. Signature H. Williams (M. D. or other) D.
Address 2636 - Brooklyn Date signed 11-18-47

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1947

Jackson
Kansas City
General Hospital #2

Joe N. Canady
World War #2

Male Col. Married

Viola Canady 34
Aug. 3-1908

39 3b II

Cleveland Ark.
Automobile Mechanic

Missouri Jackson
Kansas City
2123 Prospect Ave
no

November 14
1947 9 10 P.M

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, Thomas H. Meeks, Registered Apprentice No. 39, working under my personal supervision.

Signed C. H. West
Licensed Embalmer No. 2710
P. O. Address K.C. 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.