No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13622

Registration District No. 278 — Primary Registration District No. 3054 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mississippi River 3 (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 Nebraska (b) County Douglas 999
(c) City or town East Omaha 25 (If outside city or town limits, write "RURAL")
(d) Street No. 2501 North 18th St. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Omar Allen Canada Jr USCG
3. (b) If veteran, name war
3. (c) Social Security No. ?
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 26, 1926 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	21	3	23	hr. min.

9. Birthplace Protem Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Coast Guardsman
11. Industry or business U.S. Coast Guard
FATHER
12. Name Omer Allen Canada Sr. 1
13. Birthplace Trimble, Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Vera Thoronton
15. Birthplace Protem, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Omer Allen Canada Sr.
(b) Address Omaha, Nebraska
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha Neb. Forest Lawn Cemetery
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri
19. (a) 4/10/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 2711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death drowned in Mississippi River at Louisiana Mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1 0 3
Of autopsy 1 3b

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 82
(b) Date of occurrence March 14 1948
(c) Where did injury occur? Louisiana Pike Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lantana Coast Guard boat (Specify type of place)
While at work? No (e) Means of injury drowned
23. Signature S. A. Yoder (M. D. or other) 0
Address Louisiana Mo Date signed 4/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-48-827
Date Filed MAY - 6 1948

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 ~~XXXXXXXXXXXXXXXX~~ working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.