

S. No. 3906
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FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19407
Registrar's No. 2621

Registration District No. 149

Primary Registration District No. 1002

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 NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 DAYS
In this community 2 1/2 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1901 AGNES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAURICE CANNON SR.

3. (b) If veteran, name war none
3. (c) Social Security No. 515-09-6957

4. Sex MALE 2
5. (a) Single, widowed, married, divorced, MARRIED
race NEGRO

6. (b) Name of husband or wife CASTELLA CANNON
6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased MARCH 3, 1920
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 18
If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

12. Name ALONZO CANNON

13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name OZELLA MILLER
(City, town, or county) (State or foreign country)

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

16. (a) Informant CASTELLA CANNON (WIFE)

(b) Address 1901 AGNES

17. (a) Burial (b) Date thereof 6 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director H.B. Moore

(b) Address 1820 E. 18th St.
19. (a) 6-23-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21,
year 1948 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from MAY 22, 1948 to JUNE 21, 1948
that I last saw him alive on JUNE 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE MILIARY TUBERCULOSIS

Due to

Due to

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations

Of autopsy SAME AS ABOVE

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 (Specify type of place) Means of injury
23. Signature (M. D. or other) Date signed 6/23/48
Address GENERAL HOSPITAL NO. 2

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

A B Morris

Licensed Embalmer No.

2460

P. O. Address

1820 E. 19 St

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.