

U.S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FILED OCT 1 1948
Registration District No. **186**

Primary Registration District No. **3020**

Registrar's No. **121**

1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **Washington**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 hour**
 (Specify whether years, months or days)

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept. 19, 1948**
 (Month) (Day) (Year)

8. AGE: Years **--** Months **--** Days **--** If less than one day **one hr. --- min.**

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

10. Usual occupation _____
 11. Industry or business _____

MOTHER { 12. Name **Elmer Cannon**
 13. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ethel Jeffries**
 15. Birthplace **Poplar Bluff Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Cannon**
 (b) Address **R.F.D., Jonesburg, Mo.**

17. (a) **Burial** (b) Date thereof **9-21-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cape Girardeau Co., Mo.**

18. (a) Signature of funeral director **F.W. Nieburg & Co.**
 (b) Address **Warrenton, Mo.**

19. (a) **9-26-48** (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Warren** **109**
 (c) City or town **Rural** **5**
 (If outside city or town limits, write "RURAL") **1**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 19** day _____
 year **1948** hour **4** minute **10 P.** M.
 21. I hereby certify that I attended the deceased from **3:20 PM**
 _____, 19____, to **4:10 PM Sept 19, 1948**
 that I last saw him alive on **Sept 19, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia neonatorum** Duration _____

Due to **Congenital absence of Lung on right**

Due to **Congenital enlargement of liver**

Other conditions (Include pregnancy within 3 months of death) **157 MI**

Major findings: Of operations _____
 Of autopsy **Heart on Right Side, Congenital anomaly of liver; Absence of right lung.**

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 _____
 23. Signature *[Signature]* (M. D. or other) _____
 Address **Warrenton Mo** Date signed **Sept 1948**

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

36
6
21

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 30 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John Shieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.