

FILED MAR 3 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **7129**

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 4503		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie		1 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle) Evllyn		c. (Last) Canady		
4. DATE OF DEATH Feb. 16, 1949			4. DATE (Month) (Day) (Year)						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 29, 1915			
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirt Factory		10b. KIND OF BUSINESS OR INDUSTRY Making shirts		11. BIRTHPLACE (State or foreign country) Bernie, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME George T. Canady			13b. MOTHER'S MAIDEN NAME Virgie Livingston			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgie Canady, Bernie, Mo. ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of the respiratory system				INTERVAL BETWEEN ONSET AND DEATH 16 years	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 000000				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Apr. 6, 1947 , to Feb. 16, 1949 , that I last saw the deceased alive on Feb. 16, 1949 , and that death occurred at 6:55 P. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) F. O. Kelley, M.D.				23b. ADDRESS Bernie, Mo.		23c. DATE SIGNED 2-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-49		24c. NAME OF CEMETERY OR CREMATORY Bernie		24d. LOCATION (City, town, or county) (State) Bernie, Missouri			
DATE REC'D BY LOCAL REG. 2-26-1949		REGISTRAR'S SIGNATURE Velma V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE 409 Strickland-Rainey		ADDRESS Bernie, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48103
1
0

RECEIVED

District Health Office No. 2,

District File Number 349-327

Date Filed 3-1-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.