

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9753

State File No.

1668

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 Years		d. STREET ADDRESS (If rural, give location) 1625 EAST 77th TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1625 EAST 77th TERRACE			

3908

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) ARTHUR c. (Last) CANFILL			4. DATE OF DEATH (Month) (Day) (Year) MAR 23 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 1-15-1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNITED STATES MARSHALL		10b. KIND OF BUSINESS OR INDUSTRY UNITED STATES		11. BIRTHPLACE (City and State or Foreign Country) HEDDON - KANSAS	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME GEORGE CANFILL	13b. MOTHER'S MAIDEN NAME LORA M. TAYLOR	14. NAME OF HUSBAND OR WIFE CYNTHIA CANFILL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. CYNTHIA CANFILL	ADDRESS 1625 East 77th Terrace
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 or 2 yrs 2 weeks 2 yrs. 4342
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis, mitral regurgitation, and decompensation		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) overwork, plus cardiac asthma DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1946, 19 , to Mar. 23, 1953, that I last saw the deceased alive on Mar. 23, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE James W. Graham	23b. ADDRESS 518 Argyle Bldg. K. C. Mo.	23c. DATE SIGNED 3/24/53
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24. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24a. DATE 3-26-53	24c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 3-25-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS KANSAS CITY-MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17-1
Embalmer 148

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.