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STANDARD CERTIFICATE OF DEATH

State File No. 18457

Registration District No. 591

Primary Registration District No. 4335

Registrar's No. 32

1. PLACE OF DEATH:

(a) County. Moniteau Co.
(b) City or town. rural California Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Walnut Grove, California, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 Yrs
(Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME Dora Ellen Cannady

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 26 years
7. Birth date of deceased. Nov 26 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 28 hr. min.

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

10. Usual occupation. House Wife

11. Industry or business.

12. Name. James Gabert

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

14. Maiden name. Martha Drake

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

16. (a) Informant. George A. Rall
(b) Address. California Mo

17. (a) Burial (b) Date thereof May, 25, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sweet Water Cent

18. (a) Signature of funeral director. Bowlin Funeral Home
(b) Address. California, Mo.

19. (a) 5-24-41 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Moniteau
(c) City or town. California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Walnut Grove
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1941 hour 11 P.M. minute M.

21. I hereby certify that I attended the deceased from April 2, 1941, to May 23, 1941
that I last saw her alive on May 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy
arteriosclerosis

Duration 3 days

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

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

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?

504 While at work? (Specify type of place) (e) Means of injury

23. Signature. H. H. Bonner (Mr or other) D.O.
Address. California, MO Date signed 5/24/41

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

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 *Earl R. Bouchier*

Licensed Embalmer No. *2126*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.