N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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REC'D OCT 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32818
Do not use this space.

1. PLACE OF DEATH
(a) County MONROE 1 Registration District No. 578/4340
(b) Township MARION Primary Registration District No. 5782 Registered No.
(c) City HOLLIDAY (d) Street No. HOLLIDAY, MO. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 38 yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM CASTERBERRY McCANN
(a) Residence, No. HOLLIDAY, MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MATTIE S. McCANN.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 12, (YEAR NOT KNOWN)

7. AGE: About 82 YEARS | MONTHS: 4 | DAYS: 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DRUGGIST
9. Industry or business in which work was done, as saw mill, bank, etc. RETAIL DRUG STORE
10. Date deceased last worked at this occupation (month and year) JUNE 1938.
11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri 0

FATHER
13. NAME Robert D. McCann 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER
15. MAIDEN NAME Lucile Garnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. Mattie McCann. HOLLIDAY, MO.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE HOLLIDAY, MO. DATE SEPT. 1938

19. FUNERAL DIRECTOR (ADDRESS) SPEED & BLAKEY PARIS, MO.

20. FILED 9-9, 1938. Mrs. Freda Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 9TH, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938 to Sept 8, 1938
I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Arteriosclerosis	N.K.

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Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. C. McMurry, M. D.
(Address) PARIS, MO.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-297
Date Filed 10-11-38

STATEMENT BY LICENSED EMBALMER

I, A. G. Blakey, Licensed Embalmer No. 2614

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed A G Blakey

Licensed Embalmer No. 2614

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