No. 2
4-13-40
5-17-39
I X23159

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14549

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 322

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 737 Benton Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ada McCann
3. (b) If veteran, name war None
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 William H. McCann
6. (c) Age of husband or wife if alive ~~Unknown~~ Dec. years
7. Birth date of deceased March (Month) 23, (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	22	hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation In Home
11. Industry or business
FATHER
12. Name John A. Patterson
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Sarah J. Heiskell
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Fred McCann
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 4-16-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1941 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from April 1, 1941, to April 15, 1941; that I last saw her alive on April 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. A. Hill (M. D. or other) D
Address Springfield Mo. Date signed 4/16/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield M

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

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