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-39  
K23159

State File No. ....

Registration District No. 527

Primary Registration District No. 3079

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

87  
0  
0

3. (a) PRINT FULL NAME William H McCann

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 15 1856  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1941 hour 2:55 P.M. minute..... M.

21. I hereby certify that I attended the deceased from May - 1  
..... 19..... to June 10 19.....  
that I last saw him alive on June 10  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arterio - Thrombosis

Duration  
30 days

8. AGE: Years Months Days If less than one day  
25  26 hr. min.

Due to General Arterio Sclerosis

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

Due to.....

10. Usual occupation Farmer - None

Other conditions (Include pregnancy within 3 months of death) \$3 P

11. Industry or business None

Major findings: Of operations.....

12. Name Benj. H McCann

Of autopsy.....

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

14. Maiden name Polly Frazer

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Norma Griffin  
(b) Address Ralls County Missouri

(a) Accident, suicide, or homicide (specify).....

17. (a) Burial (b) Date thereof 6 11 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation Salt Lick Cemetery

(c) Where did injury occur?.....  
(City or town) (County) (State)

18. (a) Signature of funeral director [Signature]

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

(b) Address Hannibal Missouri

While at work?..... (e) Means of injury.....

19. (a) 6-11-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other).....

Address Hannibal Mo Date signed [Signature]

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

MOTHER FATHER

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**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 *Harold O. Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Hannibal, Mo.*

**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.**