

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38328

State File No.

DEC 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 890

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: 1050 E. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1050 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1941 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 10 6 P.M.
Nov 10 4 P.M. to Nov 10 11 A.M.
that I last saw him alive on Nov 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis with acute dilatation of heart
Due to Age

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: no

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

3. (a) PRINT FULL NAME George James McCann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth McCann 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Sept. 2 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman
Liggitt Meyer Co.

11. Industry or business Henry McCann

12. Name Henry McCann
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Louise Glynn
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth McCann

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 12 19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
Springfield, Mo.

(b) Address _____
19. (a) 11-11-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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? _____

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

Signature W. E. Handley (M. D. or other) M.D.
Address Springfield Date signed _____

984 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *L. Paulin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, Ill*

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.