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26390

FILED DEC 11 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 312

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.....
In this community.....
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 503 Oak St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Luanna McCann

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

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

6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Oct. 4 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>1</u>	<u>13</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name James Keith

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

14. Maiden name Irene Rickey

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

16. (a) Informant James Keith
(b) Address Hannibal Mo.

17. (a) Burial (b) Date thereof 11 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.

19. (a) 11-24-41 (b) W. C. Fisher
(Date received local registrar) (Registral's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1941 hour 240A. minute..... M.

21. I hereby certify that I attended the deceased from July
1941 to Nov 13 1941

that I last saw her alive on Nov 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary tuberculosis

Due to.....

Due to.....

Other conditions Tobacco dependent
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

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

23. Signature J. B. Fisher (M. D. or other)
Address 1109 1/2 B. Highway Date signed 11/24/41

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 Harold O'Neill

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.