S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2549

Registration District No. 417 Primary Registration District No. 55610 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jasper Jas. City Twp
(b) City or town Prosperity Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. R#1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James A McCance

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 1
6. (b) Name of husband or wife Marthy L McCance
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 2 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Meham County (City, town, or county) 1 Tenn (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER
12. Name Hugh McCance
13. Birthplace (City, town, or county) 1 Tenn (State or foreign country)
MOTHER
14. Maiden name Mary Riggs
15. Birthplace (City, town, or county) 1 Tenn (State or foreign country)
16. (a) Informant Marthy L. McCance
(b) Address R#1 Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 27 (Day) 1942 (Year)
(c) Place: burial or cremation Sterling Cem.
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo
19. (a) Jan. 27, 1942 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature) 1100

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 25 year 1942 hour 1 minute a M.

21. I hereby certify that I attended the deceased from Jan 11 1941 to May 8 1941; that I last saw him alive on May 8 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Silico tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 b1

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 0

23. Signature Jesse E Douglass (M. D. or ~~other~~)
Address Webb City Mo Date signed 1/27/42

(Licensed Embalmer's Statement on Reverse Side)

42.1-15

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 myself,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wellsville, Mo.

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.