

FILED MAR 13 1942

State File No. _____
Registrar's No. 139

Registration District No. 318

Primary Registration District No. 5439

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield Rural - N. Campbell**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
70 years (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **34**

(c) City or town **Springfield, Rural N. Campbell**
(If outside city or town limits, write "RURAL.")

(d) Street No. **Route 2**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Katherine Ashworth McCann**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1942** hour **1** minute _____ A.M.

21. I hereby certify that I attended the deceased from **9/22** 19**27** to **2/20** 19**42**
that I last saw him alive on **2/9** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Charles A. McCann**

6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased. **July 28, 1863**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**

Due to **Hyper tension & Myocarditis**

Due to **Chr**

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

Major findings: **X** Of operations **X** Of autopsy **X**

107

Duration **3 days**
15 yrs

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

8. AGE: Years **78** Months **6** Days **22**
If less than one day hr. _____ min.

9. Birthplace **Evansville, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business _____

12. Name **John Ashworth**

13. Birthplace **Dont know Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Cannon**

15. Birthplace **dont know Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ralph Gibson**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **2/21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eastlawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **2-21-42** (b) **D. W. Standley**
(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?
(Specify type of place) _____
While at work? _____ (Specify means of injury)

23. Signature **[Signature]** (M. D. number) _____
Address **Med Arts Bldg** Date signed **2/20/42**

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 Wayne J. Linckle
Licensed Embalmer No. 3444
P. O. Address Springfield, 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.