No. 2
-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11411

State File No.

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 24

900

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

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL — JACKSON TWS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 12 MI SO OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 12 MI SO OF PARIS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME WILLIAM PLEAS McCANN

3. (b) If veteran, name war WORLD WAR #1 WAR WITH GERMANY

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 ESTELLA MARY McCANN

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased FEB (Month) 2, (Day) 1894 (Year)

8. AGE: Years 48 | Months 2 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace MONROE CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JAMES P. McCANN
13. Birthplace MONROE CO. (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name GEORGIE ANN JOHNSON
15. Birthplace MONROE CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Stella O. McCann
(b) Address R.F.D. #2, PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 4, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) 4-3-44 (Date received local registrar) (b) ___ (Registrar's signature)

1126

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3
year 1942 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar 19, 1942 to April 8, 1942
that I last saw him alive on April 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myo Carditis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy

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

23. Signature Geo M. Kuepker (M.D. or other) M.D.
Address Paris Mo Date signed 4-3-42.

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1941

RECEIVED
District Health Officer No. 10
District File Number 4-9-689
Date Filed APR 9 1942

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 E. H. Clement

Licensed Embalmer No. 4000

P. O. Address Pair, 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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11411

Registration District No. 582 Primary Registration District No. 579 Registrar's No.

1. PLACE OF DEATH:

(a) County: Monroe

(b) City or town: Jackson Twp. - Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William Pleas McCann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4/1/1942 (Date received local registrar) (b) E. H. Agnew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 3 year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 19.....; that I last saw him alive on 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

11411