

FILED AUG 25 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6958

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs
In this community 8 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Lanthew McCann

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

4. Sex m 5. Color or race W 6. (e) Single, widowed, married, divorced w

6. (b) Name of husband or wife Amanda L. Bagby 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 15 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name James D. McCann
13. Birthplace Bourbon County, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan E. Shumate
15. Birthplace Falkner County, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch

(b) Address _____

17. (a) Burial (b) Date thereof 8/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown, Missouri

18. (a) Signature of funeral director Albert Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) AUG 18 1942 (Date received local registrar)
J. P. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17,
year 1942 hour 9.40 minute P. M.

21. I hereby certify that I attended the deceased from August 10, 1934 to August 17, 1942
that I last saw him alive on August 17, 1942, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to Hypertension I yr.

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? _____

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

23. Signature Alton Cameron (M. D. or other)
Address Maine Ave Date signed 8/17-42

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 *Shepherd W. Burnley*
Licensed Embalmer No. *4302*
P. O. Address *St. Louis, 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.