

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
2000

27758

State File No. _____

FILED SEP 9 1944
Registration District No. 122

Primary Registration District No. _____

Registrar's No. 698

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

9
2
6

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Infant Mc Cann
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

4. Sex Male Color or race wh
 5. Color or race wh
 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife none
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased Aug 25 1944
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 6 1 hr. - min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Lloyd McCann

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

14. Maiden name Helen Bernhart

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

16. (a) Informant Miss McCann

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 8-26-44
 (Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director Marshall Bunnell
 (b) Address Aurora, Mo.

19. (a) 8/30-44 (b) W.S. Standley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lawrence
 (c) City or town Aurora
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 25
 year 1944 hour 12⁰⁰ minute _____ P. M.
 21. I hereby certify that I attended the deceased from Aug 25
 _____, 1944, to Aug 25, 1944
 that I last saw him alive on Aug 25, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (3 mos)
 Due to Premature Labor

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: 159
 Of operations _____
 Of autopsy _____

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?

23. Signature J. L. Johnston (Specify type of place) _____
 (e) Means of injury _____
 Address Springfield, Mo Date signed 8/27/44

984 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

This body not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.

X