. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9135

Primary Registration District No. 1000

Registrar's No. 278

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hosp. D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Margaret May McCann

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased March (Month) 5 (Day) 1879 (Year)

8. AGE: Years 66 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Boyer
13. Birthplace (City, town, or county) Mo D (State or foreign country)

MOTHER
14. Maiden name Nancy
15. Birthplace (City, town, or county) 4 (State or foreign country)

16. (a) Informant John McCann

(b) Address St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Chapel

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo

19. (a) 3-10-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Jan. 31, 1945, to Mar 8, 1945 that I last saw her alive on Mar 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombo-phlebitis — Duration about 1 wk

Due to Operation for cancer of the hepatic flexure of the colon.

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations Cancer of hepatic flexure of the colon.

Of autopsy Same

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 John J. Byrne (M. D. or other)

Address St Joseph Mo Date signed 3-8-45

1377 (Licensed Embalmer's Statement on Reverse Side)

APR 25 1945

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 Robert L Gapple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.