S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

382

State File No. 25

FILED JAN 29 1948

Registration District No. 40 — Primary Registration District No. 5143 — Registrar's No. 25

12
0
0

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Co. Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Poplar Bluff Twp. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Butler Co., Farm 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME J. Harris McCann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About (Month) 1867 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	81			hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
10. Usual occupation Inmate — County Farm.
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Co. Farm Records 1
(b) Address Butler Co., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn - Poplar Bluff, Mo.
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 1-22-48 (Date received local registrar) (b) A. H. Minette (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1948 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from 16 Jan 1948 to 17 Jan 1948 that I last saw him alive on 16 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia Bilat —	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature A. H. Brookerson MD (M. D. or other)
Address Poplar Bluff Mo Date signed 21 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 148-138
Date Filed 1-26-48

JAN 30 1948

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Thomas W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.