

FILED FEB 19 1948  
289  
Registration District No. ....

3043  
Primary Registration District No. ....

34

1. PLACE OF DEATH:

(a) County... Marion

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

(c) Name of hospital or institution: Residence, 503 Olive  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Marion

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

(d) Street No... 503 Olive  
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME... George Allen McCann

3. (b) If veteran, name war.....

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... Pheba Isabell Bagley

6. (c) Age of husband or wife if alive... 75 years

7. Birth date of deceased... August 11, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>16</u>	.....hr. ....min.

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

10. Usual occupation... Shoemaker

11. Industry or business... Retired

MOTHER FATHER

12. Name... James L. McCann

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

14. Maiden name... Elizabeth Myers

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

16. (a) Informant... Mrs. G. A. McCann

(b) Address... 503 Olive Hannibal Missouri

17. (a) Burial (b) Date thereof... 1/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Grandview Burial Park

18. (a) Signature of funeral director... H. Crawford Smith

(b) Address... 903 Bradley Hannibal

19. (a) 1-27-48 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... January day... 27  
year... 1948 hour... 2 minute... 00 A. M.

21. I hereby certify that I attended the deceased from... Jan 27 1948  
to... Jan 27 1948  
that I last saw him alive on... Jan 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage

Due to... Cerebro-arteriosclerosis

Due to... Age

Other conditions...  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations...  
Of autopsy... 83A

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?..... Means of injury... 0

23. Signature... H. B. Burton (M. D. or other)  
Address... Hannibal Mo Date signed... 1-28-48

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

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 S. Ward*

Registered Apprentice No. *35*

working under my personal supervision.

Signed

*W. Crawford Smith*

Licensed Embalmer No. *3814*

P. O. Address *Hannibal Missouri*

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.