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FILED AUG 9 1948  
Registration District No. 28

Primary Registration District No. 2000

State File No. \_\_\_\_\_  
Registrar's No. 638

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: 1420 W. Tampa /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 26 Years (Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1420 W. Tampa 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Virgil Lloyd McCann  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. ?

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 30  
 year 1948 hour 3 minute P. M.

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Erma McCann  
 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased Aug. 6 1897  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from unattended by physicians  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
50 11 24 hr. min.

Immediate cause of death probably Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Pearl Illinois /  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations 946  
 Of autopsy \_\_\_\_\_

10. Usual occupation Car Inspector

11. Industry or business Frisco R.R.

12. Name Robert McCann

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

14. Maiden name Minerva Smith

15. Birthplace Pearl Illinois /  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma McCann

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 8/3/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Cemetery  
H.H. Lohmeyer

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-4-48 (b) W.E. Handley M.D.  
 (Date received local registrar) (Registrar's signature)

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 local registrar

23. Signature W.E. Handley (M. D. or other) local registrar  
 Address Springfield, Mo. Date signed 7/30/48

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

FEB 14 1949

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**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..... *Ray H. Mercer, Jr.* .....

Licensed Embalmer No..... *4432* .....

P. O. Address..... *Springfield, 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.**