

REC'D JAN 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42344  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 1222  
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Melvina Inscho

(a) Residence, No. \_\_\_\_\_ St.  Omaha, Nebraska  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Inscho  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 30, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
82 7 7  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. own home  
 10. Date deceased last worked at this occupation (month and year) Dec. 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Star Missouri

FATHER 13. NAME John Mac Ginley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Samuel E. Inscho 5311 Halsey St.

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill Cem. DATE Dec. 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred D. Clark, Mortuary 5025 King Hill Ave.

20. FILED 12/19 1938 A. J. Nettles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938 1938

22. I HEREBY CERTIFY, That I viewed deceased from Dec. 9, 1938, 1938, to \_\_\_\_\_, 1938

I last saw h..... alive on \_\_\_\_\_, 1938. Death is said to have occurred on the date stated above, at 11.50p m.

The principal cause of death and related causes of importance were as follows:

Injuries received when the car in which she was riding was struck by a automobile truck on U. S. Highway No. 71 Date of onset

Other contributory causes of importance: None

Name of operation..... Date of.....  
 What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Dec. 7, 1938

Where did injury occur? Buchanan Co. Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by automobile  
 Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify No.

(Signed) B. W. Tadlock Coroner M. D.  
St. Joseph, Missouri (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE CORNETT WITH ON-BOARD INSTRUMENTS IS A PERMANENT RECORD

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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

*Earl A. Clark*

Licensed Embalmer No.

*3476*

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, above space should be left blank.**