

Registration District No. 732

Primary Registration District No. 4488

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 2 1/2
 years, months or days)

8. (a) PRINT FULL NAME THOMAS TAYLOR MCGINNIS

8. (b) If veteran, name war: _____ 8. (c) Social Security No. _____

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Madeline (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 26 1879
 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Randolph Co
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas McGinnis

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

14. Maiden name Mary Nancy Thompson

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

16. (a) Informant's own signature J. J. McGinnis

(b) Address Huntsville Mo

17. (a) Burial (b) Date thereof Apr 28 1940
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo

19. (a) Mar 2 1940 (b) Wm. D. A. Traxler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26, 1940
 year _____ hour 6:00 minute 2 A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Feb 26, 1940.
 that I last saw him alive on Feb. 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Duration 4 yr

Due to _____

Due to _____

Other conditions 171
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy normal

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?
561

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ph. Dreyer M.D. (M. D. or Other) 1

Address Huntsville Mo Date signed 3/29/40

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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.

REC
EXCH

RECEIVED

District Health Officer No. 10

District File Number 3-40-512

Date Filed MAR 5 1940

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 Tom B. Patton

Licensed Embalmer, No. 3914

P. O. Address Huntsville, Ala.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7869**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **733**

Primary Registration District No. **4438**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County: **Randolph**

(b) City or town: **Sumterville**

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)

years, months or days _____

3. (a) PRINT FULL NAME: **Thomas Taylor Mc Ginis**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: **M**

5. Color or race: **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **60** Months **11** Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Apr. - 12-1946** (b) **Irish D. R. Bernhart** (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month **Feb** day **26** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature: **P. J. Dreyer** (M. D. or other) _____

Address: **Sumterville** _____

SUPPLEMENTARY

