

FILED APR 12 1940

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

10217

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township W Joseph Primary Registration District No. 1001 Registered No. 297
 (c) City W Joseph (d) Street No. W. 1st St (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 1 yrs. 3 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 252 John McGinnis 3 St. Jackson Co. Mo.
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. painter
 9. Industry or business in which work was done, as saw mill, bank, etc. chronic in arth.
 10. Date deceased last worked at this occupation (month and year) chronic in arth. 11. Total time (years) spent in this occupation chronic in arth.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME Patrick Mc. Ginnis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Jackson Co. Recorder & of State Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chrysler Cem DATE 3/14 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Strickley W Joseph, Mo.

20. FILED Mar. 15, 1940 H. J. Nestlebuch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938 to Mar. 12, 1940

I last saw him alive on Mar. 12, 1940 Death is said to have occurred on the date stated above, at 12-10 P. m.

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

Arteriosclerosis with gen. anemia Date of onset ?

Other contributory causes of importance: 1070

trophic ulcers general

broncho pneumonia 10 days

Name of operation none Date of yes

What test confirmed diagnosis? clinical & autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury ?, 19?

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. J. O'Dell, M. D.

(Address) W Joseph, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.