

MAY 13 1940
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 345

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:
814 N Campbell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether _____)
In this community _____
years, months or days 257

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 814 N Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1940 hour 11 minute 25 P M.

21. I hereby certify that I attended the deceased from
July 1, 1939, to April 7, 1940;
that I last saw him alive on April 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility
Had been gradually failing
since July 1939

Duration

1 1/2
1939

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) No
(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?
No
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Robert F. Williams (M. D. or other) _____
Address Springfield Mo Date signed 4/8/40

3. (a) PRINT FULL NAME John Alexander McJinney

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 Widower

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

7. Birth date of deceased May 15 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Candy merchant

11. Industry or business _____

12. Name Hayden McJinney

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

14. Maiden name Hendrick

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

16. (a) Informant Mrs. C. E. Towns

(b) Address 817 N Campbell Springfield Mo

17. (a) Burial (b) Date thereof April 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cem

18. (a) Signature of funeral director Fred C. Thome

(b) Address Springfield, Mo.

19. (a) 4/9/40 (b) Geo. A. George
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *R. H. Thomas*

Licensed Embalmer No. 3681

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, above space should be left blank.

X