

JAN 25 1941

Registration District No. **384**

Primary Registration District No. **4227**

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Howell
 (b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cherry Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether
 In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town West Plains
(If outside city or town limit write "RURAL")
 (d) Street No. Cherry st.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
 year 1940 hour 5: minute A. M.
 21. I hereby certify that I attended the deceased from
Jan 1939 to Dec 9 1940;
 that I last saw her alive on Dec 8 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of Liver and Gall bladder

Due to 222
 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.

3. (a) PRINT FULL NAME MARY BRISCOE MCGINTY

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 5, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Lane's Prairie, Maries Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Briscoe
 { 13. Birthplace Unknown
 { 14. Maiden name Susan Lamons
 { 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Glen McGinty
 (b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (Day) (Year)
 (c) Place: burial or cremation Howell Twp. Howell Co., Mo.

18. (a) Signature of funeral director Kal Thomburg
 (b) Address West Plains, Mo.

19. (a) 12-11-40 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

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? 344
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. C. Bohner (M. D. or other) MD
 Address West Plains, Mo. Date signed 12-15-40

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

36
3

46

RECEIVED
District Health Officer No. 5,
District File Number 14112
Filed
Filed

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, KRBY

Registered Apprentice No. _____

working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 42697

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

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.

3. (a) PRINT FULL NAME Mary Briscoe Mc Ginty

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years Months Days If less than one day
76 10 4 _____ hr. _____ 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) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

20. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 9 year 1970 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver & Gall Bladder

Due to Cirrhosis - Gall bladder

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

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) _____
(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 E. C. Bahner (M. D. or other) _____
Address West Plains Date signed _____

SUPPLEMENTAL COPY

