

JAN 21 1941

Registration District No. **6444**

Primary Registration District No. **5853**

Registrar's No. **17**

1. PLACE OF DEATH:
(a) County **Osage**
(b) City or town **Loose Creek, Mo.**
(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 **11 Days**
In this community **2** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **MISSOURI**
(c) City or town **East St. Louis**
(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. **2** years.

3. (a) PRINT FULL NAME **Hattie McGinn**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **18** year **1940** hour **10** minute _____ A.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Thomas McGinn** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **November 23, 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 13 - 14**, to **Dec 18**, 19**40** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73		15	hr. _____ min. _____

Immediate cause of death **Acute dilatation of heart**
Due to **chronic parenchymatous degeneration**
Due to **chronic myocarditis 24 years**

9. Birthplace **Osage County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Restaurant**

Other conditions (Include pregnancy within 3 months of death) **Dropsey 121**

11. Industry or business _____
12. Name **J. K. Pinet**
13. Birthplace **France**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Phiolemene**
15. Birthplace **France**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant **Mrs. Henry Oidtman**
(b) Address **Loose Creek, Mo.**
17. (a) **Burial** (b) Date thereof **12-20-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bonnots Mill, Mo.**

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? _____

18. (a) Signature of funeral director **Morton Funeral Home**
(b) Address _____
19. (a) **12-26-40** (b) **Emily J. Maltz**
(Date received local registrar) (Registrar's signature)

5-75 (Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature **Geo. Williams** (M. D. or other) _____
Address **Sum** Date signed _____

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

MOTHER FATHER

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.....

Vernon M. Mott

Licensed Embalmer No.....

4125

P. O. Address.....

Leim

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.