DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 11046
Registrar's No. 30

REGISTRATION DISTRICT NO. 417 State of ~~Oklahoma~~ MISSOURI. PRI. REG. DIST. NO. 3021

49
6
3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City, Missouri (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ~~None~~ 624 N. DEVON. (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 2 years. 1

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Webb City (If outside city or town limits, write RURAL)
(d) Street No. 624 North ~~Devon~~ DEVON. (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3(a) FULL NAME William Hamilton McGuirk
3 (b) If veteran, name war No.
3 (c) Social Security No. No.
4. Sex Male
5. Color or race White
6(a) Single, widowed, married, divorced Married
6 (b) Name of husband or wife Margaret Ann McGuirk
6 (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb. 10, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	14	hr. min.

9. Birthplace Franklin County, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter.
11. Industry or business
MOTHER FATHER
12. Name William McGuirk
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lizabeth Napier
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16 (a) Informant's own signature Florence Hubbell
(b) Address Wyandotte, Okla.
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-27-41 (Month) (Day) (Year)
(c) Place; burial or cremation Purcell Cemetery
18 (a) Signature of funeral director [illegible]
(b) Address Francis Dickens, Okla.
19 (a) MCH 25. 1941 (Date received local registrar) (b) O. L. Pritchett MD (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 24 year 1941 hour 10 minute 30 P. M
21. I hereby certify that I attended the deceased from 3-24-41 19__, to 3-24- ; 1941; that I last saw him alive on 3-24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 W

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. B. Munson (M. D. or other) D.O.
Address Webb City, Mo. Date signed 3-25-41

41-4-318

Dr. Munson