No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18819

Registration District No. 744 Primary Registration District No. 3035 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County RAY 89

(c) City or town Richmond
(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.? 0 years.

3. (a) PRINT FULL NAME James T. Mc Ginnis

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 widowed

6. (b) Name of husband or wife Iva Shaw Mc Ginnis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 12, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation lawyer, bookeeper

11. Industry or business

FATHER
12. Name Thos. Mc Ginnis
13. Birthplace Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Shaw
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Mc Daugh
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation City Cem Richmond Mo.

18. (a) Signature of funeral director [signature]
(b) Address Gallatin Mo.

19. (a) May 21-41 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
year 1941 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from called on as corpse, 19__;
that I last saw h__ alive on__, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to Senility

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.

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 H. M. Sifeth (M. D. or other)

Address Richmond Mo. Date signed 5-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date 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, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Gallatin Mo

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

If this body is not embalmed, above space should be left blank.