

FILED APR 15 1942

Registration District No.

Primary Registration District No. 4-4-22 5930

Registrar's No.

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Bellevue - Marian
(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 years, months or days)

In this community: _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Polk

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 1 1/2 mile southwest of Bellevue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Franklin Allen McGinnis

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1942 hour 9 minute 30 P.M.

4. Sex: W D

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: January 1, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1942 to March 20, 1942.

that I last saw her alive on March 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: _____
Streptococcal Throat

Due to: _____

Due to: _____

8. AGE: Years Months Days If less than one day
51 3 19 hr. min.

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

1158

9. Birthplace: Lowry City Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____

10. Usual occupation: Farmer

Of autopsy: _____

11. Industry or business: _____

22. If death was due to external causes, fill in the following:

MOTHER FATHER

12. Name: James McGinnis

13. Birthplace: Cast Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Matie McGinnis

15. Birthplace: Lowry City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Leo McGinnis

(b) Address: Bellevue Mo. Bld-1.

(c) Place: burial or cremation: Pleasant Ridge

18. (a) Signature of funeral director: W. H. Hutchison

(b) Address: Bellevue Mo.

19. (a) 3-26-42 (b) Oliver J. McDaniel
(Date received local registrar) (Registrar's signature)

(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: D. J. Leavelle (M.D. or other) _____
Address: _____ Date signed: _____

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

RECEIVED

District Health Officer No. 7,

District File Number 4-42-383

Date Filed 4-13-41

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.....

Licensed Embalmer No. 3746

P. O. Address..... Palmyra, 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, fact should be so stated above.