DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1, 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17255

State File No.

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 114

1. PLACE OF DEATH:

(a) County Adair

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

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

(d) Length of stay: In hospital or institution hospital (Specify whether years, months or days) In this community 5 months 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan (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 Catherine J. McGinity

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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 Sept (Month) 14 (Day) 1872 (Year)

8. AGE: Years 69 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation at home

11. Industry or business —

FATHER 12. Name Peter McGinity

13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Catherine Murphy

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rosa McGinity

(b) Address Milan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cem. Milan

18. (a) Signature of funeral director Leffoenea

(b) Address Milan Mo. (Frank D.)

19. (a) May 26, 1942 (Date received by local registrar) Mrs. J. D. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 9 minute 04 A.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1942, to May 24, 1942; that I last saw her alive on May 24, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Ulcerative Colitis — Duration 11 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Richard G. Noble (M. D. or other)

Address Kirksville, Missouri Date signed 5/24/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 6-42-1315
Date Filed JUN 15 1942

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 Frank D. Schwenz

Licensed Embalmer No. 2016

P. O. Address Milan, 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.