

Nienstedt or Anderson

Registration District No. 566

Primary Registration District No. 5764

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural
(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 7 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Bertrand Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles So. West of
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar J. McGill

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Vicy McGill 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 2 28 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name William McGill
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Watson
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Vicy McGill
(b) Address Bertrand Mo. R.F.D. # 2 1

17. (a) Burial (b) Date thereof 5/88/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertrand Mo. R.F.D. Hunter Albritton Sikeston mo.
(d) Signature of funeral director

(b) Address Sikeston mo.
19. (a) Gene [Signature] (b) D.L. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1942 hour 1 minute 15 PM.

21. I hereby certify that I attended the deceased from 1-1 1940 to 5-16 1942
that I last saw him alive on 5-16 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3 days
Due to mitral regurgitation 1 1/2 years
Due to catarrhs of sinuses 3 years
Other conditions hypertension, cataracts 5 years
(Include pregnancy within 6 months of death)

Major findings: Of operations no Of autopsy no 12481
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) no
(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 0
23. Signature M. G. Guderson (M. D. or other)
Address Sikeston mo. Date signed 5-18-42

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

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.....

.....**Embalmed**....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frankie Albritton

Licensed Embalmer No. **4210**

P. O. Address **Sikeston 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.