

7. S. No. 2
OM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23509

FILED JUL 27 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2697

48
8000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
418 West 63rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 418 West 63rd Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. William Erasmus McGinnis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Cora P. McGinnis

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 2 21 hr. min.

9. Birthplace Dubuque Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Tobacco Salesman-Retired

11. Industry or business Liggett & Myers

12. Name William Evermont McGinnis

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

14. Maiden name Ellen Stewart

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

16. (a) Informant L. E. McGinnis

(b) Address 2427 Myrtle Ave

17. (a) Burial (b) Date thereof July 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 4444 Mt. Washington Cemetery

18. (a) Signature of funeral director O. N. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-15-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1942 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Apr 7 to July 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis with cardiac trouble

Due to asphyxia

Due to 8 Saccular

Duration 3 years

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature L. P. ... (M. D. or other)
Address 1132 ... Date signed 7-13-42

Dr. Stewart
1132 Professional Bldg
1:30-4

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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..... *Emile M. Colborn*
Licensed Embalmer No. *3506*
P. O. Address..... *Kemo*

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.