No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24994

Registration District No. 668 Primary Registration District No. 5891 Registrar's No. 249

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Spring Fork R.F.D. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Flat Creek Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 64 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80 0

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Spring Fork R.F.D. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Pauline McGinley

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 2 widowed

6. (b) Name of husband or wife Neil McGinley

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

7. Birth date of deceased July 27 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	27	hr. min.

9. Birthplace Morgan Co Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Ferdinand Myer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Reissen
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. P. Seifner

(b) Address Spring Fork Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation Spring Fork Mo

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 7/9/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from 1935 to July 7 1942 that I last saw her alive on July 3 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 yr
Due to	
Due to 93d	
Other conditions Varicose Ulcer (Include pregnancy within 3 months of death)	5 yrs

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 A. L. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed 7-9-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 8-10-42

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.