V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 17

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

9438

State File No.

Primary Registration District No. 4016

Registrar's No. 12

**1. PLACE OF DEATH:**

(a) County Atchison

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

(c) Name of hospital or institution: ✓ 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 50 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Atchison

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME David Dill McGinnis

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah A. McGinnis

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

7. Birth date of deceased Sept (Month) 11 (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Connersville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farming

11. Industry or business Gen

FATHER
12. Name Samuel J. McGinnis
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Martha Jane Dill
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Marian McGinnis
(b) Address Tarkio Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 43 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio Mo.

19. (a) Mar 27, 43 (Date received local registrar) (b) Mrs H. D. Cunningham (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 16 year 1943 hour 6 minute ~~6:00~~ P.M.

21. I hereby certify that I attended the deceased from Jan 13th, 1943 to March 16, 1943 that I last saw him alive on March 15, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart Block Incomplete Heart myocarditis | 3 yrs. |
| Due to 93d | |
| Due to | |
| Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death) | 6 mo. |

Major findings:
Of operations none
Of autopsy none

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) none
(b) Date of occurrence
(c) Where did injury occur? none (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 Cleo Waugh (M. D. or other)
Address Tarkio Mo Date signed March 18 43

1329 (Licensed Embalmer's Statement on Reverse Side)

FEB 16 1944

**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.....Jno. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, 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.**