. S. No. 2
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ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20487

Registration District No. FILED JUN 24 1943/49 Primary Registration District No. 1002 Registrar's No. 2598

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KCMO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WHEATLEY-PROVIDENT HOSP. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs. (Specify whether
In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY, MO. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2520 PARK AVE
(If rural, give location)
(e) Citizen of foreign country? NO (~~Yes or~~ No)
If yes, name country 0

3. (a) PRINT FULL NAME FELIX M. McGINNIS SR.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 486-10-6251

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife BESSIE McGINNIS

6. (c) Age of ~~husband~~ or wife if alive 53 years

7. Birth date of deceased 12 (Month) 22 (Day) 1884 (Year)

8. AGE: Years 58 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace SUGARLAND, TEXAS, 1
(City, town, or county) (State or foreign country)

10. Usual occupation ADVERTISING DEPT (NEWSPAPER)

11. Industry or business KC CALL.

FATHER
12. Name BILL McGINNIS
13. Birthplace TEXAS 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace TEXAS 1
(City, town, or county) (State or foreign country)

16. (a) Informant FELIX M. McGINNIS Jr.
(b) Address 2520 PARK AVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn-Greenstreet
(b) Address K-C-Mo.

19. (a) 6-8-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6, 1943.
year 1943 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 4, 1943 to June 6, 1943, 19..., that I last saw him alive on June 5, 1943, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	2 days.
Due to Hypertensive heart disease	D.K.
Due to 93D	
Other conditions Pulmonary congestion. (Include pregnancy within 3 months of death)	1 day

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 0

23. Signature L. E. Williams MD (M. D. or other)
Address 1213 Pasco, K.C. Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th K.C.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.