

FILED JAN 10 1944 149

Registration District No. _____

Primary Registration District No. **1002**

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12-6-43-12-20**
(Specify whether years, months or days)
In this community **45** years

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. **1100 Highland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE MCGINNIS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **494-12-0311**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Mamie McGinnis** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **June 10 1871**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 72 | 6 | 10 | hr. _____ min. |

9. Birthplace **Lawrence Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER {
12. Name **William**
13. Birthplace _____ (City, town, or county) (State or foreign country) No. **1**
14. Maiden name **Francis** ? (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country) No. **1**

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-24-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **E. S. Taylor**

(b) Address **1212 Vine St. K. City Mo.**

19. (a) **12-28-43** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20**
year **1943** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 6** 19**43**, to **December 20** 19**43**
that I last saw him alive on **December 20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Congestive heart failure**

Due to **Arteriosclerotic Heart disease with Decompensation**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **93L**

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 **E. S. Taylor** (M. D. or other)

Address **Gen. Hosp. #2 600 E. 28th St.** Date signed **12/23/43**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

C. Sterling Bell

Licensed Embalmer No. *3178*

P. O. Address *1212 Pine St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.