V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7002

Registration District No. 98 Primary Registration District No. 6338 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Walnut Grove Mo R1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Polk township 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Missouri (b) County Dade 0
(c) City or town Walnut Grove Mo R1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Polk township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Madison McGill

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Julia Edith Thomas
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April (Month) 30th (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	9	8	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General farming & Stock Raising

FATHER
12. Name Robert McGill
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Vianna Thompson
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Mr. Lawrence McGill
(b) Address Walnut Grove, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Rice Cemetry
18. (a) Signature of funeral director Gene A Brown
(b) Address Walnut Grove Missouri
19. (a) Jan-30-1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1944 hour 1 minute 30 p.M.

21. I hereby certify that I attended the deceased from J 24, 1944 to Jan 28, 1944 that I last saw him alive on Jan 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hy Iso Tension Arythmia	several months
Due to	
Due to Presenility	several months
Other conditions (Include pregnancy within 3 months of death)	

102

Major findings:
Of operations
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)
(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 B B Kirby (M. D. or other)
Address Dodwell Mo Date signed 1-30-44

1082

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-259
Date Filed FEB 21 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 Gene A Brim

Licensed Embalmer No. 266 d

P. O. Address Walnut Grove, Missouri

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.