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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7200

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 122

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 907 S. Weaver / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 56 Years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield (If outside city or town limits, write "RURAL") 6

(d) Street No. 907 S. Weaver (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Dilcie McGinty

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-03-9594

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 11 (Day) 1887 (Year)

8. AGE: Years ✓ 56 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Heers Store

FATHER
12. Name Henry McGinty /
13. Birthplace Columbia (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Dolly Ann Henry /
15. Birthplace Unk. (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Miss Lillie McGinty

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Danforth

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2-5-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1944 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from April, 1943, to Feb 4, 1944 that I last saw h. or alive on Feb 3, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis for advanced	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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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 E. E. [signature] (M. D. or other)

Address Springfield, Mo. Date signed 2-4-44

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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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.