V. S. No. 2
0M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5876

State File No. .....

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Kearney Liberty Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Kearney 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME CHARLES HENRY McGINNIS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of ~~husband or~~ wife Lawrence Bell McGinnis
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feby. (Month) 4 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	29	hr. min.

9. Birthplace Missouri City Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name John H. McGinnis
13. Birthplace — Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Devine
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Walter W. McGinnis
(b) Address RR 2 Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo
18. (a) Signature of funeral director Chinn-Archer Co
(b) Address Liberty Mo
19. (a) Feb 5-45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 3
year 1945 hour 8 minute 15 A M.
21. I hereby certify that I attended the deceased from Apr 2 1944 to Feb 3 1945
that I last saw him alive on Feb 3 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomache — Duration 5 yrs.
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) 46
Major findings: Of operations Carcinoma lesser curvature of stomache
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
23. Signature Burton Maltby (M. D. or other) M.D.
Address Liberty Mo. Date signed 2-5-45

926

(Licensed Embalmer's Statement on Reverse Side)

District

District File Number

~~Date Filed~~ 3-10-45

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.