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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 6132

Registration District No. 156 Primary Registration District No. 2061 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1723 Indiana
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lue Theron McGinnis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 3, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Granby (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER

12. Name George McGinnis

13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Isabel Brown

15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mr. Ed. Smith

(b) Address 1723 Indiana Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Joplin, Mo.

19. (a) 2-6-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 3 year 1946 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Did not attend, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Fractured Skull.

Due to Broken Ribs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 2/3/46

(c) Where did injury occur? Joplin Jasper Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work No (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 214 Joplin Date signed 2/3/46

Call with Ped.

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(Licensed Embalmer's Statement on Reverse Side)

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

H6-2-160

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.