

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12941

State File No.

Registrar's No.

75

FILED APR 23 1946

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 W. Wilson St. 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 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, Bethelmann
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT
FULL NAME

DELORA B. MCGINNIS
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL MCGINNIS 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased FEB 2 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 7 If less than one day
hr. min.

9. Birthplace HANRY Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JOHN H. MCGINNIS
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name FRANCIS A GROSS
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Eudal Henry
(b) Address Brownington MO R#2

17. (a) Burial (b) Date thereof 1-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director W. H. ...
(b) Address Clinton

19. (a) 4-9-1946 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 5:10 minute A M.

21. I hereby certify that I attended the deceased from 2-19-46, 1946, to 4-8- 1946
that I last saw him alive on 4-8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to _____

Due to H68

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
Means of injury _____

23. Signature R. J. ... (M.D. or other)
Address Clinton MO Date signed 4/19/46

11000

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

3-46-384
4-19-46

MAY 27 1946

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 W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.