DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17717

Registration District No. 289 289

Primary Registration District No. 5982 5982

Registrar's No.

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

1. PLACE OF DEATH:

(a) County ~~Greene~~ Polk

(b) City or town Route #1 Fair Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(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)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Route #1 Fair Grove, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME ERNEST VICTOR MCGILL

3. (b) If veteran, name war World War 1

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Jewell H. McGill

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

7. Birth date of deceased October 8, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	10	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name N. MO.
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie McGill
15. Birthplace 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jewell H. McGill (wife) 1

(b) Address Route #1 Fair, Grove

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral

(b) Address 534 St. Louis Street. Home

19. (a) 4-23-46 (Date received local registrar) (b) R. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1946 hour 10:15 minute A M.

21. I hereby certify that I ~~attended~~ viewed the deceased from April 17, 1946, to ....., 19..., that I last saw him alive on April 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by Drowning

Due to Body found in River Near Fair Grove, Mo.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

164

Duration

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) Suicide

(b) Date of occurrence April 17, 1946

(c) Where did injury occur? Near Fair Grove (City or town) Polk (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm Field N.W. of Fair Grove, Mo. (Specify type of place)

While at work? NO (e) Means of injury ✓

23. Signature Willard B. Erwin Coroner (M. D. or other)

Address Bolivar Date signed 4/19/20

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(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1946

NOV 14 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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.