

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 80

1. PLACE OF DEATH:

(a) County DeWitt

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

(c) Name of hospital or institution:
R.R. 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 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt ¹⁰⁸

(c) City or town Nevada ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 1 ⁰
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Albert McGinnis

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex M 5. Color of 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 December 3 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER

12. Name Oscar McGinnis

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

14. Maiden name Harriet Nea

15. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Cooper

(b) Address Nevada Mo. P. Rtd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Seepinal Cemetery

18. (a) Signature of funeral director Thos. Russell Davis

(b) Address Nevada Missouri

19. (a) 6-1-46 (Date received local registrar) (b) Ralph Jancy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from on 4-20-46 19____ to _____ 19____ that I last saw h.i.m. alive on April 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration: _____

Due to Inanition

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
I 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Winters (M. D. or other) 0

Address Nevada Mo Date signed 5-15-46

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

RECEIVED

Dist. Health Officer No. 7,

Case Number 5-46-583

Date Filed 6-6-46

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed L B Jones

Licensed Embalmer No. 1760

P. O. Address Nevada 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.