S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21024

State File No.

FILED JUN 20 1946

Registration District No. 258

Primary Registration District No. 5858

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: None 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community Most all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (If outside city or town limits, write "RURAL") 1

(d) Street No. 1010 North Walnut (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Leslie Ellsworth McGinnes

3. (b) If veteran, name war No

3. (c) Social Security No. 500-03-2639

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Bessie Parker McGinnes

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) - 26 (Day) - 1890 (Year)

8. AGE: Years 55 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William McGinnes
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cynthia Ellsworth
15. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Eddie R. Taylor

(b) Address Maryville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam - Maryville Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

19. (a) 5-24-46 (Date received local registrar) (b) Mrs. Wayne Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1946 about 1 minute 30 A M.

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

Immediate cause of death accident - Car driven into end of bridge

Due to That was under construction

Due to Fracture skull and other injuries

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

Major findings: Of operations no operation

Of autopsy no autopsy

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) Accident 74

(b) Date of occurrence May 22 - 1946

(c) Where did injury occur? Country Road (City or town) Nodaway (County) Mo. (State)

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

While at work? (e) Means of injury Car driven into end of bridge

23. Signature L. E. Dean Coroner (M. D. or other) MD

Address Maryville Mo Date signed 5-22-46

231

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 19[illegible]

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. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.