. S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33027

FILED OCT 17 1946

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Christian

(b) City or town ~~Ozark~~ Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Charles McGinnis

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug (Month) 5 (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
		3	..... hr. ..... min.

9. Birthplace Christian County Mo. (~~City, town, or county~~) (State ~~or foreign country~~)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Neil McGinnis
13. Birthplace Christian County Mo. (City, town, or county) (State ~~or foreign country~~)

MOTHER
14. Maiden name Anna Lee Hold
15. Birthplace Stone County Mo. (City, town, or county) (State ~~or foreign country~~)

16. (a) Informant Neil McGinnis

(b) Address Ozark Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 9 46 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Selmore Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Oct 1 1946 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 8"
year 1946 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 5th, 1946, to Aug 8, 1946; that I last saw him alive on Aug 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia due to atelectasis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

16 (P)

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) .....

(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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Richard G. Mitchell (M. D. or other) DO

Address Ozark, Missouri Date signed 9-19-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1046-1046
Date Filed OCT 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~~ Not Embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.