4

S. No. 2
DM—2-43
v. 5-17-39
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

State File No. 36066

FILED NOV 18 1946

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 269

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Thirty-six days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 515 W. 26th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME McGinness, James Leonard

3. (b) If veteran, name war

3. (c) Social Security No. 495-01-1536

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sophia McGinness

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September (Month) 25, (Day) 1878 (Year)

8. AGE: Years 68 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Wm. L. McGinness

13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Jane Mathews

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Sophia McGinness

(b) Address Higginsville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo

18. (a) Signature of funeral director R. O. Willett

(b) Address 407 C Chew Columbia Mo.

19. (a) 11-7-46 (Date received local registrar) (b) Mrs P E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1946 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 2, 1946 to November 7, 1946 that I last saw him alive on November 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Rectum	10 m +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46D	

Major findings:
Of operations See above
Of autopsy See above

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

23. Signature J. McKerman (M. D. or other) M.D.

Address Lamar Hospital Columbia Mo Date signed 11/7/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/13/46

DEC 9 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 Lyman L. Spurlock

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.