

FILED DEC 16 1946

Registration District No. **120**

Primary Registration District No. **2001**

Registrar's No. _____

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

36233

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2031 Penn Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2031 Penn Ave**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Robert Raymond McGinty**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **530-05-0376**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife **Verna** 6. (c) Age of husband or wife if deceased _____ years
 7. Birth date of deceased **September 1st 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	2	20	5 hr. 5 min.

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

10. Usual occupation **Clerk**
 11. Industry or business **Family Beverage**

MOTHER, FATHER
 { 12. Name **James Wiley McGinty**
 { 13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Viola Lyons**
 { 15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melvin McGinty**
 (b) Address **2031 Penn Ave**

17. (a) **Burial** (b) Date thereof **Nov 25, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cartersville, Mo.**

18. (a) Signature of funeral director **Thornhill-Dillon**
 (b) Address **305 West Fourth St. Joplin**
 19. (a) **11-25-46** (b) **Ed J. Jumper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27th** year **1946** hour **8** minute **10** A.M.
 21. I hereby certify that I attended the deceased from **Nov 21** to **Nov 27**, 19**46**
 that I last saw him alive on **Nov 27**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to **Coronary Occlusion** **7 days**
Coronary Heart Disease
Bleeders Disease **2 yrs**
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **Q4A**
 Of autopsy _____
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? _____

23. Signature **Ed J. Jumper** (M. D. or other) _____
 Address **708 Grace Bldg Joplin** Date signed **Nov 27-46**
(Specify type of place) (Means of injury)

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46-11-1064

JAN 22 1947

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..... *David Stellow*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.