

FILED DEC 17 1946

Registration District No. 157

Primary Registration District No. 3228

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1215 Sycamore St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Sycamore St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME LINDA KAY MCGUIRK

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 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 July 16 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 21 hr. min.

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

10. Usual occupation at home

11. Industry or business -----

MOTHER FATHER { 12. Name Timothy McGuirk
13. Birthplace Greenfield Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Hansen
15. Birthplace So. Sioux City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Timothy McGuirk
(b) Address 1215 Sycamore, Carthage, Mo.

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

(c) Place: burial or cremation Pennsboro, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 12-7-46 (b) L. B. Clinton, D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1946 hour 4 minute 20 a. M.

21. I hereby certify that I attended the deceased from Dec 7, 1946, to Dec 7, 1946; that I last saw him alive on Dec 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis
Due to Influenza

Other conditions: SUPPLEMENTARY INFORMATION REQUESTED
(Include pregnancy within 3 months of death)

Major findings: Of operations -----
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?

While at work? (Specify type of place) (c) Means of injury -----
23. Signature A. J. Webster (M. D. or other) 12/7/46
Address Carthage, Mo. Date signed

46-11-1034

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.....

..... Robert H. Knell, Registered Apprentice No. 406
working under my personal supervision.

Signed Frank W. Knell Jr
Licensed Embalmer No. 4440
P. O. Address Carters

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 252

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper Carthage
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda K. McKeith

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 16 (Month) (Day) (Year)

8. AGE: Years 1 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

(a) Signature of funeral director _____

(b) Address _____

18. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. (Signed) _____

Duration _____
Due to infarct of meningitis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 33B

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 R. H. Webster (M. D. or other) _____
Address Carthage Mo. Date signed _____

SUPPLEMENTARY

MOTHER FATHER

3982x

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

41011