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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13148

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 9 Hours
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 804 S. Newton Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME JOSEPH LEE MCGAIN

3. (c) Social Security No. _____

3. (b) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1947 hour 4:00 A.M. minute _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ruby McGain

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased: February 14, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 25 Mar 1946 to 28 March 1947
that I last saw him alive on 27 Mar 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombotic Coronary
uraemia - Chronic Nephritis paraneoplastic
Due to Myocarditis Chronic
Hypertension Chronic

Duration

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

65 1 14 _____ hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Benton County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Owner and Operator Barber Shop

Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER FATHER

11. Industry or business Joe's Barber Shop

12. Name John A. McGain

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

14. Maiden name Minerva Gady

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Ruby McGain

(b) Address 804 S. Newton, Springfield, Mo.

17. (a) Burial (b) Date thereof Mar. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 3-29-47 (b) W. E. Hardley, M.D.
(Date received local registrar) (Registrar's signature)

(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 _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. Newton Wakeman (M. D. or other) _____
Springfield, Mo. Date signed 28 Mar 47

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Ralph H. Thorne*.....

Licensed Embalmer No..... 3681.....

P.O. Address..... Springfield, 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.