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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1947

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37355

Primary Registration District No. 5185

Registrar's No. 368

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
Highway 61 - 7 miles North of Cape
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis 000 17 9

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6341 Murdock Ave.,
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Thomas Edward McGurk,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male, 0

5. Color or race White,

6. (a) Single, widowed, married, divorced Married, 1

6. (b) Name of husband or wife Ellen Ora McGurk,

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February (Month) 28, (Day) 1902 (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	9	3	hr. min.

9. Birthplace Barnes, Kansas, (City, town, or county) 1 (State or foreign country)

10. Usual occupation Medical Doctor.

11. Industry or business

12. Name Edward McGurk,

13. Birthplace (City, town, or county) Kansas. 1 (State or foreign country)

14. Maiden name Elizabeth Horner,

15. Birthplace Atchison, (City, town, or county) Kansas. 1 (State or foreign country)

16. (a) Informant Mrs McGurk

(b) Address 4919 Murdock St. Louis, Mo.

17. (a) ~~Burial~~, Kansas. (b) Date thereof Dec. 6. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

Resurrection cemetery St. Louis, Mo

(c) Place: burial or cremation Parsons, Kansas.

18. (a) Signature of funeral director L. L. Horan

(b) Address Cape Girardeau, Mo

19. (a) 12-2-47 (Date received local registrar) (b) C. C. Simmons (Registrar's signature) 1-11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1947 hour 10 minute 55 p. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the right frontal bone + penetration through abdomenal cavity of round

Due to bridge railing

Due to the 1947 Sedan Coupe Pontiac he was driving crashing into Highway Bridge and careening into ditch

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically. 1

17 OCT 8 27

22. If death was due to external causes, fill in the following: D16

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 1, 1947

(c) Where did injury occur? Jackson Cape Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 61. three miles east of Jackson Mo
(Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Dr. J. F. Sigmund Coroner 3 (M. D. or other)

Address Jackson, Mo Date signed 12/1/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1947

FEB 3 - 1948

RECEIVED

Health Officer No. 4

Number 1247-152

12-8-47

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 William Lee Townsend

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5th day of January, 198, before me appears Vincent E. Benz Funeral Director, who, upon his oath, states that the original record of ~~birth~~ death for Dr. Thos. E. McGurk — died December 1, 1947, in the State of Missouri, and which was filed at Cape Girardeau on ....., 19....., should be corrected as follows:

Item No. 17 should read Resurrection Cemetery St. Louis, Missouri

Instead of Parsons Kansas

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Vincent E. Benz Fun. Dirc
Relationship.

2842 Meramec St.
Present Address.

Subscribed and sworn to before me this 5 day of Jan., 194 8.

My Commission expires 3-4-49. Paul C. Pallock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through errors and write above it.

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