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—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1947

Registration District No. 278

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39192

Primary Registration District No. 3054

Registrar's No. 126

1. PLACE OF DEATH:

(a) County: Pike

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

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

(d) Length of stay: In hospital or institution: 6 Weeks (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

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

(d) Street No.: 600 South Carolina
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: THOMAS WEBER McGINNIS

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Willa McGinnis

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: August (Month) 29 (Day) 1872 (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation: Retired Mail Carrier

11. Industry or business: Retired Mail Carrier

FATHER
12. Name: Thomas W. McGinnis, Sr.
13. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Willa Yeater
15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Frank McGinnis
(b) Address: Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri

19. (a) 12-1-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30th year 1947 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10-23-47, 19..., to 11-30-47, 19...; that I last saw him alive on 11-30-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated peptic ulcer & Rt. Sub-diaph-

Duration: 5 wks

Due to: Pragmatic Abscess

Due to:

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

Major findings: Of operations: Rt. Subdiaphragmatic Abscess - drained.

Of autopsy: (By Dr. Cunningham)

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 R Johnson (M. D. or other) MD

Address: Louisiana, Mo. Date signed: 12-1-47

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948
APR 1948
APR 10

RECEIVED
District Health Officer No. 10
District File Number 12-47-1662
DEC - 5 1947
Date Filed

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 Virginia M. Sterne, Registered Apprentice No. 491 working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.