FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4033

Primary Registration District No. 1000

Registrar's No. 231

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

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 1804 Faraon St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

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

(d) Street No.: 525 N 13th St 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Winifred McGinnis

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

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: Nov 15, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: ---- (City, town, or county) Canada (State or foreign country) 7

10. Usual occupation: graduate nurse

11. Industry or business: retired

FATHER
12. Name: Michael McGinnis 11
13. Birthplace: Ireland (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name: Mary Flanagan
15. Birthplace: unknown (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant: Mrs E. Gray Powell
(b) Address: 1122 Powell St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) Feb 25, 1948 (Date received local registrar) (b) E C Jenkins (Registrar's signature) 343

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1948 hour 11 minute 50 A M.

21. I hereby certify that I attended the deceased from Sept 25, 1947, to Jan 30, 1948;
that I last saw her alive on Jan 30, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart disease - Arteriosclerotic	4 yrs -
Due to: Arterio Sch Gen -	—
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

PHYSICIAN
Underline the cause of 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 0

23. Signature: [signature] (M. D. or other)
Address: 620 Frances St. Joseph, Mo. Date signed 2/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 26 1948

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 Victor J Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo

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

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