

S. No. 308  
M-10-47  
v. 5-17-39  
I 3906

FILED MAY 10 1948  
Registration District No. 298

Primary Registration District No. 3954

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

1. PLACE OF DEATH: Pike

(a) County Louisiana

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

(c) Name of hospital or institution: Mineral Springs Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 Days  
(Specify whether years, months or days)

In this community 46 Days

3: (a) PRINT FULL NAME James Stewart McGaw D.D.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Adams McGaw

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 12, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>12</u>	hr. min.

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

10. Usual occupation Minister -- Lecturer

11. Industry or business Reformed Presbyterian

MOTHER FATHER

12. Name James McGaw

13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Ellison

15. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James S. McGaw

(b) Address 3059 W. Washington, Blvd. Chicago, I

17. (a) Removal Chicago, Ill.  
(Burial, cremation, or removal)

(b) Date thereof 4/6/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Haley Mortuary

18. (a) Signature of funeral director Louisiana, Mo.

(b) Address 4/5/48

19. (a) 4/5/48 (Date received local registrar)

(b) Bernice Collier (Registrar's signature) 2411

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Chicago 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 3059 W. Washington Blvd.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4  
year 1944 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 18 Feb  
1948, to 4 APRIL, 1948;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIO VASCULAR Duration  
RENAL DISEASE 2 YRS.

Due to PROSTATITIS + 2 YRS.  
RIGHT RENAL ABSCESS 2 MONTHS

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 317

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 2

23. Signature [Signature] (M. D. or other) 20

Address Louisiana Date signed 4/4/49

MAY 11 1948

MAY RECEIVED MAY 11 1948  
District Health Officer No. 10  
District File Number 548-532  
Date Filed MAY - 6 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 Geo. M. Collier

Licensed Embalmer No. 3839

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.