

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39928
Registrar's No. 264

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 264	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 12 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Irvy		a. (First) Irene		b. (Middle) O		c. (Last) McGinnis	
4. DATE OF DEATH Dec. 23 - 48		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 4 - 1887		9. AGE (In years last birthday) 67		10. MONTH 1		11. DAY 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 9a		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jesse A. Eaton		13b. MOTHER'S MAIDEN NAME Paralell Jane Byrnes		14. NAME OF HUSBAND OR WIFE Walter McGinnis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Huston Deepwater Mo ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. HGB		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Deepwater Henry Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 21, 1948, to Dec 23, 1948 that I last saw the deceased alive on Dec 23, 1948, and that death occurred at 12:57 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. R. R. Kennedy D.O. (Degree or title)		23b. ADDRESS Deepwater Mo		23c. DATE SIGNED Dec 25, 48			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-48		24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery		24d. LOCATION (City, town, or county) (State) Deepwater Mo	
DATE REC'D BY LOCAL REG. 12-26-48		REGISTRAR'S SIGNATURE R. R. Kennedy 120		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7;
District File Number J 2-48-1499
Date Filed 1-2-49

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.....

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed Tom Hurst

Licensed Embalmer No. 2282

P. O. Address Deepwater 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.