

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19349

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5537 Registrar's No. 3E

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt 49</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City, Rural Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City "Rural" Liberty Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Isalah</u> c. (Last) <u>McJunkin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 30, 1903</u>
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR <u>9</u> Days	IF UNDER 24 HRS. <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Holt, County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John B. McJunkin</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma F Holten</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John B. McJunkin</u> ADDRESS <u>Mound City, Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Cerebral hemorrhage - apoplexy</u> ANTECEDENT CAUSES <u>Due to (b) arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May 22, 1949</u> , to <u>May 4, 1949</u> that I last saw the deceased alive on <u>June 3, 1949</u> and that death occurred at <u>6:00</u> m. from the causes and on the date stated above.	
23a. SIGNATURE <u>F E Hogan M D</u> (Degree or title)		23b. ADDRESS <u>Mound City, MO</u>	
23c. DATE SIGNED <u>6-6-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 6 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Mound City, Mo.</u>		DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE <u>122</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford</u> ADDRESS <u>Mound City, Mo.</u>			

AUG 10 1949

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.

Student _____
Student Embalmer

Signed *J. H. Crawford*

Licensed Embalmer No. 1824

P. O. Address Grand City, 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.