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

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38119

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 264

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 419 West 12th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
d. STREET ADDRESS (If rural, give location): 419 West 12th

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): MASTERS
c. (Last): MC GINNISS

4. DATE OF DEATH (Month): 11 (Day): 5 (Year): 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/29/87
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Masters
13b. MOTHER'S MAIDEN NAME: Elsie Jane Hardesty
14. NAME OF HUSBAND OR WIFE: James E. McGinness, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Quentin Gray, Maryville, Mo.

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Despondency-ill health — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in the home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): maryville nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hanging

22. *I hereby certify that I attended the deceased from* Not attended *to* Nov. 5, 1949, *that I last saw the deceased alive on* not seen, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Dean MD (Degree or title): Coroner
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 11-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/7/49
24c. NAME OF CEMETERY OR CREMATORY: Miriam
24d. LOCATION (City, town, or county) (State): Maryville, Mo.

DATE REC'D BY LOCAL REG.: 11-12-49
REGISTRAR'S SIGNATURE: Bess Hoff 229
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Price Funeral Home Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 14 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 ROBERT L SOUTER, Student Embalmer No. 309, working under my personal supervision.

Student Robert L Souter
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville, Mo

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

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