

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13107**
1931

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. LENGTH OF STAY (in this place) <u>1 Day</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kc Muncie City, 8150</u>			
				d. STREET ADDRESS (If rural, give location) <u>Route No. 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>A.</u>		c. (Last) <u>McGinnis</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>25</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 9, 1881</u>		9. AGE (In years last birthday) <u>69-2-16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millwright</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wilson Pkg Company Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Pierce City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew James Mc Ginnis</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Cumiskey</u>			14. NAME OF HUSBAND OR WIFE <u>Anna McGinnis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>510-05-2097</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Servi, 4609 Early, K.C.K.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema.</u> ANTECEDENT CAUSES DUE TO (b) <u>Fresh Myocardial Infarction</u> DUE TO (c) <u>Coronary Arteriosclerosis & Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>H201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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)			
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>Pathologist</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 25, 1950</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack H. Hill</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3001 Wyandotte St. KC Mo.</u>		23c. DATE SIGNED <u>Apr. 26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City 2, Kansas</u>		
DATE REC'D BY LOCAL REG <u>4-26-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Butler's Sons, Kansas City, Kansas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____



Licensed Embalmer No. 3428 Missouri

P. O. Address Kansas City, Kansas

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.