

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35896

BIRTH NO. _____		REG. DIST. NO. 331		PRIMARY REG. DIST. NO. 4486		Registrar's No. 27		
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Benton		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Benton, Mo. 1000				
d. FULL NAME OF HOSPITAL OR INSTITUTION Benton, Mo.				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) Colonel General Jackson McGinnis			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 10 28 1950		(Month) (Day) (Year)						
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb 21 1859		
9. AGE (In years last birthday) 10 28 1950		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Boonville, Ind. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David McGinnis			13b. MOTHER'S MAIDEN NAME Lorene Hall			14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. A. English				
				ADDRESS Benton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH DK	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis						
		DUE TO (c) Sinitivity					4 2900	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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) m.		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 Aug 1950, to Oct 28, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 10:30 AM from the causes and on the date stated above.								
23a. SIGNATURE B. Theo. Polwing, M.D. (Degree or title)				23b. ADDRESS Charleston Mo.		23c. DATE SIGNED 10/28/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-29-50		24c. NAME OF CEMETERY OR CREMATORY Puxico		24d. LOCATION (City, town, or county) (State) Missouri		
DATE REC'D BY LOCAL REG. 10-28-50		REGISTRAR'S SIGNATURE Mrs. Addie Harms		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith		ADDRESS Oran, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 30 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1050-146

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**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, ~~my~~ XXX

working under my personal supervision.

Student Embalmer No. ....

Signed

*Carl J. Smith*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, 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.