

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13578

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY OR TOWN <i>Humansville</i>		c. CITY OR TOWN <i>Dunnegan (Gardnerville)</i>	
c. LENGTH OF STAY (in this place) <i>26 Days</i>		d. STREET ADDRESS (If rural, give location) <i>Dunnegan, Mo - 0840</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>George Dunsmuth Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph William Mc</i> b. (Middle) <i>Gennis</i> c. (Last) <i>Gennis</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 26, 1951</i>	
5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>July 7, 1888</i>		9. AGE (In years, Months, Days, Hours, Min.) <i>62 9 19</i>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <i>Farmer and laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Manual labor</i>		11. BIRTH PLACE (State or foreign country) <i>Fredericktown Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>John Mc Gennis</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Wilson</i>		14. NAME OF HUSBAND OR WIFE <i>Emma Mc Gennis</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No none</i>		16. SOCIAL SECURITY NO. <i>misplaced</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Clyde Erickson</i>		ADDRESS <i>Dunnegan Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491X</i>				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)		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 *April 1, 1951*, to *April 26, 1951*, that I last saw the deceased alive on *April 26, 1951*, and that death occurred at *10:40 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. G. Robinson M.D.</i>		23b. ADDRESS <i>Humansville, Mo.</i>		23c. DATE SIGNED <i>4/26/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>April 28, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Park View Cemetery, Humansville, Mo.</i>		24d. LOCATION (City, town, or county) (State) <i>Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>April 27, 1951</i>		REGISTRAR'S SIGNATURE <i>Ralph Gordon</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Blue Bolivar</i>		ADDRESS <i>Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED **MAY 2** 1951

Dist. File 551-978

Date Filed 5-2-51

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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, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Richard B. Erwin.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3092.....

P. O. Address Bellvue, 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.