

Dr. Greene  
**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 7 6 4

FILED VS. JAN. 4 1960 209

Primary Registration District No. 3043 Registrar's No. 392

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Holcomb Rest Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>219 S. 8th</b>		
3. NAME OF DECEASED (Type or print) <b>Margaret McGinnis</b>			4. DATE OF DEATH <b>12/18/59</b>			
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>2/10/1864</b>		9. AGE (last birthday) <b>95</b>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Monticello, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>Anthony Barrett</b>			
13b. MOTHER'S MAIDEN NAME <b>Margaret McNally</b>			14. NAME OF HUSBAND OR WIFE <b>James McGinnis</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Mabel Kurth, 219 S. 8th</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Art Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
DUE TO (b) <b>Cerebral Arteriosclerosis</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>12:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H.L. Sweeney M.D.</b> (Degree or title)		22b. ADDRESS <b>100 N 6th St</b>		22c. DATE SIGNED <b>12/28/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/21/1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Edina, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>H. M.O'Donnell, Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/29/59</b>	
				26. REGISTRAR'S SIGNATURE <b>Thomas L Durdon</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 27 1960

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Jim O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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