

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20359
Registrar's No. 2626

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett Mo.
(c) Name of hospital or institution General Hosp. R.C. No. 28
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community years, months or days) two days

3. (a) PRINT FULL NAME Joe Louis McGinnis

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 22 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 17 hr. min.

9. Birthplace Gen Hosp. #2 Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Elmer McGinnis
13. Birthplace Lathrop Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Irma
15. Birthplace Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer McGinnis

(b) Address 234 S. Halladay

17. (a) Removal (b) Date thereof July 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Church-Archer Co.

(b) Address 2 Liberty Mo.

19. (a) 7-9-42 (b) N. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 234 S. Halladay
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 7, 1942, to July 9, 1942, that I last saw him alive on July 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to 1076

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Brown (M. D. or other)
Address Gen. Hosp. #2 - 6026-22 Date signed 7-9-42

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

Registered Apprentice No.

working under my personal supervision.

Signed

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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, above space should be left blank.