

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31454

State File No.

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 312 N. Groves St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sterling Ellis McGinnis

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 7 hr. min.

9. Birthplace Liberty Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Bert McGinnis  
13. Birthplace Liberty Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Stella Singleton  
15. Birthplace Liberty Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Bert McGinnis  
(b) Address Liberty

17. (a) Burial (b) Date thereof Sept 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Helen Early

(b) Address 119 E. Franklin St. Liberty

19. (a) 9-8-43 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 312 N. Groves St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6  
year 1943 hour 3:40 minute A.M.

21. I hereby certify that I attended the deceased from Sept 5  
1943 to Sept 5 1943;  
that I last saw him alive on Sept 5 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
(?)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? Yes (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Helen Early (M. D. or other) MD  
Address 13 N. Main St Date signed 9/8/43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 10-5-43

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 myself

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3934

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, fact should be so stated above.