

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35068**

Registration District No. **2773**

Primary Registration District No. **5773**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Morgan Twnp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community **14 years**
years, months or days)

3. (a) PRINT FULL NAME **Brick P. McGinnis**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widower**
6. (b) Name of husband or wife **March 18 1870**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **19** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. of Construction Work**

11. Industry or business

12. Name **Richard McGinnis** 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milton S. McGinnis**

(b) Address **Jefferson City, Mo**

17. (a) **Burial** (b) Date thereof **11-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton**

18. (a) Signature of funeral director **Noel Moss**
(b) Address **Princeton, Mo**

19. (a) **11-7-47** (b) **M. J. Ruth**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**
(c) City or town **Rural Morgan twnp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **no**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6**
year **1947** hour minute **1:20 P.M.**

21. I hereby certify that I attended the deceased from **21** that I last saw h. alive on **21** and that death occurred on the date and hour stated above.

Immediate cause of death **was probably for heart ailment**

Due to **was probably for heart ailment**

Due to **was probably for heart ailment**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **95C**

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? (Specify type of place) (e) Means of injury **Car**
23. Signature **Richard** (M. D. or other)
Address **Princeton** Date signed **11-7-47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Doc Mass
Licensed Embalmer No. 2634
P. O. Address Uniontown 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.